

# PHILADELPHIA MEDICAL TIMES.

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## ORIGINAL LECTURES.

### CLINICAL LECTURE

#### ON A CASE OF DIABETES MELLITUS ASSOCIATED WITH DROPSY AS A SYMPTOM OF LOWERED VASO-MOTOR TONUS.

*Delivered March 14, 1883, at the Philadelphia Hospital,*

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**G**ENTLEMEN,—The case to which your attention is invited this morning is that of a young man, 32 years of age, five feet nine inches in height, weighing one hundred and forty-seven pounds. His complexion is florid, and examination of the tongue and mucous membranes shows that there is no anæmia. His personal history states that his only illnesses have been an attack of dropsy after scarlet fever at the age of 14 years, and of pneumonia five years ago. His family history is free from scrofula, phthisis, or malignant disease. When admitted into the hospital on March 2, his chief complaint was of wandering pains of a vague character; but on the 7th of March, when I made my visit, he complained of swelling of the genitals. This became general anasarca by the 8th instant, with moderate bilateral pleural effusions and ascites. His urine was then examined by appropriate tests, and found to contain a large amount of sugar. Two questions at once present themselves for solution: the first, Is the diabetes temporary, or has it existed for some time? The second, What is the cause of the dropsy?

I need not remind you, in investigating the first proposition, that temporary diabetes can occur from a variety of causes; for instance, the ingestion of particular articles of food or medicines, such as ether or nitrite of amyl; the influence of violent emotions or moral impressions in the hysterical or epileptic; injuries affecting the central nervous system, such as falls or blows upon the cranium, or fracture of the vertebrae or skull. These forms of glycosuria are generally transient, but yet may persist for some time. Puerperal diabetes has been recently made the subject of a

careful paper by Dr. Mathews Duncan, read before the Obstetrical Society of London, in which the distinction between the slight glycosuria of pregnant and suckling women and real diabetes, with its polyuria and large amounts of sugar, is perspicuously stated. These remarks place before you the reason for the first query. Let us investigate the clinical evidence. Since about the age of 25 years this patient has suffered from polyuria; he has usually urinated about every two hours. Augmented urinary secretion is one of the cardinal symptoms of saccharine diabetes. The other leading symptom is excessive thirst; but no evidence occurs in this patient's history that such a symptom has existed. There is, however, a great dryness of the skin, with tendency to itching, which has been annoying at times. The most distinct support to the diagnosis of persistent glycosuria is the enlargement of the liver. It measures nearly five inches in the nipple-line and seven inches in the axillæ, and is correspondingly enlarged posteriorly. This enlargement of the liver has not been attended with any of the symptoms of intestinal indigestion, portal obstruction, or perverted hepatic action, save in the latter instance, in the matter of the diabetes. Enlargement of the liver is well recognized as an accompaniment of this disease, and it is reasonable to regard the clinical fact upon the affirmative side of our proposition. Combining these facts, after reviewing the previously-stated family history, and in the absence of any probable cause of intermittent or periodic diabetes, we close this question by deciding that the diabetes has been in existence for some time.

The point of special interest to me in this case lies in the study of the dropsy and its origin. Most naturally we recall that although renal disease in one of the forms of Bright's disease is rare in diabetes, yet in advanced cases fatty degeneration of the parenchyma of the kidney, with the presence of albumen and possibly casts, is well appreciated. The most careful repeated study of this urine, however, establishes its normal character. There is an absence of associated arterial and cardiac changes, as well as those general modifications of nutrition so positively intertwined with organic renal disease. Turning to the heart, we find that it is normal in structure

and its valves healthy. Having found the liver enlarged, our first impulse suggests this organ as a possible factor in the dropsy. Dropsy of hepatic origin means portal obstruction. Serious portal obstruction implies repletion of the mesenteric and splenic venous circulation, with associated dyspepsia, hemorrhoids, or splenic enlargement. None of these conditions are even suggested by our present examination of this case or a review of the past history. Moreover, the advent of the dropsy was sudden; and this at once militates against hepatic or renal diseases.

I beg you to notice once more that there is no evidence of anæmia. The blood-corpuscles, it is true, have not been counted, yet the local congestions of anæmia cannot in this case deceive us.

The cause of the dropsy, I believe, is to be ascribed to lowered vaso-motor tonus. Bear with me for a moment if I recount some of the experimentation which the physiological laboratory has to offer on this subject, and which I have already cited in connection with a few somewhat similar cases in this lecture-room.

The first experiments upon the subject of œdema were made by Lower, in 1680. He tied the *venæ cavæ*, and found that œdema appeared in the lower extremities, and he ascribed the œdema to the diminished absorption of the intercellular fluid owing to venous congestion.

Valsalva and others repeated these experiments, but without a similar result. As usual, in the middle ground the truth was found.

Ranvier has proved that œdema depends not only on diminished absorption, but also upon increased exudation from the vessels. He first tied the *venæ cavæ* in the abdomen of a dog, and found, like Valsalva, that œdema did not appear; there was undoubtedly overfilling of the arteries, but the lymphatics were able to absorb the exudation without any assistance from the veins, and therefore no accumulation of fluid took place. He also found that upon cutting the sciatic nerve on the wounded side, intense œdema occurred.

Venous congestion was undoubtedly present in both legs, as the *venæ cavæ* had been tied, but in one the nervous influence proceeding to the arteries through the sciatic kept them contracted and prevented

the exudation of more fluid than the lymphatics could absorb. In the leg in which the nerve had been paralyzed by division of the nerve, the vessels dilated, the limb became rosy and warm, and so much fluid was poured out that the lymphatics alone could not absorb it without the aid of the veins. Ranvier further proved that this was due to the paralysis not of motor, but of vaso-motor nerve-fibres, which are contained in the sciatic; because, after cutting, in different animals, motor and vaso-motor nerves in the lumbar region before they had united to form the nerve-trunk, when the motor fibres were divided as they issue from the lumbar vertebræ before uniting with the sympathetic fibres, complete paralysis of the legs was produced, and no œdema occurred. But if, on the other hand, he divided the sympathetic fibres passing to the sacral plexus, there was no motor paralysis, but the vessels dilated and œdema occurred. The experiments first cited show us that paralysis of the vaso-motor nerves is an important factor in the production of anasarca; but this is not, I think, the only factor involved.

Broadly speaking, the waste products of the animal economy are urea, carbonic acid, salts, and water. The carbonic acid and the water pass off by the lungs; the urea, salts, and water by the kidney; but by the skin also small portions of the above substances are eliminated. If the function of the skin is suspended, these substances accumulate in the system, and can, I think, aid in the production of dropsy. Again, the function of the skin is not alone dependent upon the blood-supply of the skin, but is also under the control of the innervation of the nerves supplying the cutaneous glands.

Dr. Foster states that the skin of dogs and cats can be made to act, and sweating produced, by stimulation of the sciatic nerve after clamping the aorta; and the same result he has obtained in the leg of a frog by stimulating the sciatic nerve after amputating the leg.

The existence of secretory nerves and their special influence over the secretions of the skin have also been investigated by Drs. Isaac Ott and G. B. Wood Field, of the University of Pennsylvania, in a series of original experiments. Their experiments are confirmatory, and may be found in the *Journal of Physiology* for 1878-79,

entitled "Sweat-Centres: the Effect of Muscarin and Atropin on them."

Now, I need not go over the grounds which have been stated in all the text-books to show that altered vaso-motor tonus is an essential element of diabetes and is objectively evident in the dry skin of diabetics. A sudden exposure to cold may overweight the remaining vaso-motor tonus, reduce cardiac power, and permit the accumulation of a general dropsy. Now, an examination of the urine secreted by the patient shows that the urine passed fell from one hundred and twenty ounces to sixteen ounces when the dropsy appeared. Under treatment it rose within a week to one hundred and forty ounces; but the diminution is most significant.

I have dwelt upon this explanation of the dropsy because I would similarly explain those cases of general anasarca which sometimes complicate malarial attacks when no lesion of the heart, kidneys, liver, or blood can be diagnosticated. And in diabetes mellitus dropsy is most commonly a symptom of the latter stage of the malady, and of similar etiology with the dropsy of the latter stages of phthisis.

In conclusion, let me indicate the proper line of treatment. The dyspnœa—for our patient has not been able to lie down for several nights—demands the prompt use of diuretics.

R Potass. citratis, ʒj;  
Inf. scoparius, Oj. M.,  
to be used in the twenty-four hours, was ordered, and has been taken for several days; also,

R Tinct. digitalis, gtt. c;  
Ammoniac carb., gr. lxxx;  
Mucil. acaciæ, fʒiiss;  
Ol. gaultheriæ, gtt. xii;  
Aquæ, q. s. fʒiv. M.

Sig.—Two teaspoonfuls four times daily.

To-day the patient, as you see, can lie down, and is in every way much improved. As soon as the pleural effusions and ascites have been removed, a treatment directed to improve the vaso-motor tonus will be carried out.

Absorption of fluid from the tissues is, like its exudation into them, greatly controlled by the central nervous system. Experiments by Göltz and Nasse have demonstrated that when the fluid was injected under the skin at the back of a frog, it was rapidly absorbed so long as the brain or spinal cord was uninjured, but when these

were destroyed little or no absorption took place.

Physiologically speaking, absorption is under the influence of nerve-centres, therefore stimulants of these centres will increase their physiological functions. Stimulation of a sensory nerve is capable of inducing contraction of the vaso-motor system. Apropos of this, Nasse has found that irritation of a sensory nerve can occasion increased absorption. In our *materia medica* the various preparations of strychnine and zinc as stimulants to the central and vaso-motor nervous systems are most valuable drugs for the treatment of cases similar to this one, when the dropsy or anasarca is moderate. Iron will also enable the red blood-corpuscles to perform their function as carriers of oxygen to the tissues, and thus the materials accumulated in the lymphatics and veins is first oxidized, and then is eliminated from the system. This is quite apart from the properties of iron as a local stimulant to vaso-motor nerves.

Frictions applied to the skin form an important part of the treatment of diabetes, and may be a beneficial part of the treatment of this patient. Naturally, however, the subsequent treatment of this case will be modified by the line of treatment adopted to control, as far as possible, his serious primary disease.

In conclusion, permit me to offer a few words as to the prognosis of diabetes. The age of the individual and the state of the general health at the time the disease develops must be weighed. But an erroneous impression seems to prevail as to the duration of diabetes. This duration is most variable, but certainly many cases progress and terminate after the lapse of a decade.

March 28.—At this date the patient is entirely free from dropsy; the amount of the urinary secretion is sixty ounces daily, and the appearance of general health is restored. The patient expects soon to return to his occupation as a farmer.

ÆTHUSA CYNAPIUM.—Tanret has been unable to find in the lesser hemlock, or fool's parsley, any poisonous principle whatever, either alkaloid or glucoside. Physiological experiment also gave negative results. This confirms Harley's views published in St. Thomas's Hospital Reports for 1873. Cases of supposed poisoning by it, therefore, must have been due to true hemlock, or some similar plant.—*Journal de Pharmacie*, October, 1882.

## ORIGINAL COMMUNICATIONS.

## REMARKS ON THE USE OF THE OBSTETRIC FORCEPS.

*Read before the Philadelphia County Medical Society,  
February 28, 1883,*

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CONSIDERABLE courage is required to bring forward for discussion at this time so trite a subject as the obstetric forceps; but, considering the wide-spread use of this instrument, its capacity for evil in the hands of the unskilled or the unwise, the diversity of views respecting the forceps existing at all times, and the changes which the prevailing sentiment regarding it has undergone at different periods, I believe the discussion of the subject to be always in order and always likely to be attended with good.

Certain facts in the history of the forceps have struck me forcibly in reading, at different times, the literature upon the subject in our own language, and which, I believe, should not be without their weight with us at the present day. Conservatism is not always wisdom, nor, on the other hand, is all progress improvement. Those who are familiar with the history of the obstetric forceps from the time of their general introduction among the profession in England to the present day know that, when first brought into public notice, it was eagerly seized upon by the profession, and was at once recognized as a most important artificial aid in labor. Among the most prominent advocates for the use of the forceps, of whom we have knowledge, in the early time, were William Gifford and Edward Chapman, followed twenty years later by Smellie. Smellie was a bold and skilful user of the forceps, advocating its free application, and was probably fully abreast, in his own practice, with the most fearless advocates of the use of this instrument in the present time. There is no doubt that the forceps for the first twenty years of its popularity in England was most recklessly used; so that at the beginning of the last half of the eighteenth century much prejudice against this instrument became manifest.

The admirable work of Smellie, both literary and practical, did not check the tide of reaction against the forceps, and it may with truth be said that for a whole

century, beginning with the middle of the eighteenth and terminating with the middle of this, nearly all English obstetric teachers and writers of note advised either a most limited use of the forceps or its total abandonment as an obstetric instrument. Indeed, Smellie himself, though the warmest advocate in England of its use during the middle period of the last century, was fully aware of the dangers incident to it in the hands of the imprudent, and so cautious was he in his advice to the inexperienced that he refrained for many years from recommending, or even showing, his long forceps to his class. "In order," he says, "to disable young practitioners from running such risks, and to free myself from the temptation to use too much force, I have always recommended the forceps so short in the handles that they cannot be used with such violence as will endanger the woman's life." And again he says, "But if these expedients be used prematurely, when the nature of the case does not absolutely require such assistance, the mischief that will ensue will often overbalance the service for which they are intended." In after-years he wrote, "I did not then recommend the use of them [the long forceps], because I was afraid of encouraging young practitioners to exert too great force and give their assistance too soon."

At the time Smellie wrote, the forceps had been known to the profession at large in England for twenty years, and, as we have seen, this lapse of time had been sufficient for him to recognize not only the utility of the instrument, but also some, at least, of the dangers of its indiscriminate use. Smellie's views advocating an extended use of the forceps did not pass unchallenged during his lifetime. Indeed, he was vigorously attacked by other writers of his day; but perhaps the most violent opposition appeared in an anonymous publication in 1772, in which the writer says, "This instrument [the forceps] was for some time in the possession of a few practitioners only, nor has it been publicly known above forty years. But as soon as it was made public, it is surprising with what avidity it was adopted, in so much that for the first twenty years the whole study of the men midwives was how to new model and improve its form and make, to delineate the various methods of using it, and to demonstrate in what a variety of

situations and positions of the child it might be serviceable, till they, by degrees, found out that there could hardly occur a case of midwifery but where the forceps might be used with advantage. . . . I can hardly, therefore, fancy myself exceedingly presumptuous if I declare the forceps to be quite as useless to women in labor as either the blunt hook or fillet. But I must beg leave to go still a little further upon this head, and observe that this is not only a useless but also a very pernicious instrument; for by hastening delivery before the parts are properly distended by the natural pains and strainings of the mother, such dreadful lacerations are made, both internally and externally, as must frequently prove fatal, or, at least, the source of much inconvenience and misery to the unfortunate woman who has been the subject of such practices. . . . Nor am I by any means singular in my opinion of the inutility of this instrument. The best practitioners in midwifery have given it up, and very seldom have recourse to it; and I am credibly informed that the man who has, for many years, been deservedly esteemed the practitioner of greatest skill and judgment of any who profess the obstetric art in this kingdom" (Dr. William Hunter, evidently) "declares that he has seldom or never, during the whole course of his practice, used the forceps, or met with a case where he thought it necessary to do so; unless he may be said to use them when he occasionally introduces a single blade to remove any impediment which the head of the child may accidentally meet with by pressing upon some of the bones of the pelvis, whereby its descent and delivery are retarded; but he adds that occasions for this very seldom happen; he could almost always get the better of such obstacles with the hand only." Although an anonymous publication is not usually deserving of much consideration, yet this one is of value, inasmuch as it reflects pretty accurately, in so far as we are able to judge, the prevailing opinion of the time among the most prominent obstetricians in England. William Hunter's practice is probably not accurately described by the writer, but Hunter himself declared that, upon the whole, the forceps had "done more harm than good." For nearly a century almost all writers of note in the English language held views but little in advance of those last quoted. William Hunter, Denman,

Osborne, Blundell (who was first to propose the so-called Porro modification of Cæsearean section), Robert Lee, and, in America, Meigs, were all advocates of conservatism in the use of the forceps. What similar array of eminent names can be collected among obstetric writers in any age! These were the men from whom most practitioners past middle life at the present day among English-speaking people all over the world have drawn their theoretical knowledge of obstetrics. Denman says, "It is scarcely possible to say too much against a hasty recourse to the forceps, even in cases which may ultimately be relieved by using them, and neither this nor any other instrument is now used in the practice of midwifery one-twentieth part as frequently as they were fifty years ago. . . . The use of instruments of any kind ought not to be allowed in the practice of midwifery from any motives of eligibility. Whoever will give himself time to consider the possible mistakes and want of skill in younger practitioners, which I fear many of us may recollect, the instances of presumption in those who, by experience, have acquired dexterity, and the accidents which under certain circumstances seem scarcely to be avoided, will be strongly impressed with the propriety of this rule, as well as from the general reason of the thing." Again he says, "If we compare the general good done with instruments, however cautiously used, with the evils arising from their unnecessary and improper use, we might doubt whether it would not have been happy for the world if no instrument of any kind had ever been contrived for, or recommended in, the practice of midwifery." And he adds as a rule for the application of the forceps, "a practical rule has been formed that the head of a child shall have rested for six hours as low as the perineum, that is, in a situation which would allow of their application before the forceps are applied, though the pains should have altogether ceased during that time." Dr. Robert Lee approves of this rule as being well calculated to prevent "the rash and unwarrantable use of the forceps," but says that in some cases of rapid exhaustion, or of sudden accident, "it would be wrong to comply with it." Osborne says, "In the state indicating the use of the forceps, all the powers of life are exhausted, all capacity for further exertion is at an end, and the

mind is as much exhausted as the body." Blundell writes, "If you must err, then take my advice and err rather by the neglect and rejection of instruments than by their too frequent use; for the cases in which you may use instruments without need are as numerous as the cases that fall under your care, with the exception of the few, very few, in which these weapons are really required." Among the rules laid down by Denman were that "the use of the forceps can never come into contemplation unless the os uteri is fully dilated," and that "no case is to be esteemed eligible for the use of the forceps until the ear of the child can be distinctly felt." Dr. Robert Lee insists upon the observance of the latter rule, and says, "I have never met with a case in which the forceps was satisfactorily applied before the os uteri was fully dilated and the head had descended so low that an ear could be felt." Professor Charles D. Meigs wrote, "The forceps cannot be applied unless the parts are favorably disposed; for instance, the os uteri must be dilated and gone up over the head. The vagina and perineum, also, must be in such a condition that we need have no fear of lacerating any of their parts, else the operation is contra-indicated. A man shall hardly be justified who inserts his forceps within the os uteri. He must wait until the circle has risen above the parietal protuberance and can no more be felt." Dr. Meigs considered that the idea that the forceps is, in its design, a compressive instrument was "one of the most dangerous errors relative to the forceps."

I cannot better summarize the views of those whom I have above quoted than to extract from a paper by Dr. W. Tyler Smith (*Trans. Lond. Obst. Soc.*, 1860) the following: "Thus, we have in our day eminent authorities declaring in favor of the following conditions in regard to the use of the forceps:

"1st. That, in ordinary cases, the head must have rested for some hours on the perineum before the instrument is used.

"2d. That the forceps ought not to be employed unless an ear of the child can be felt.

"3d. That the forceps must never be introduced until the os uteri is completely dilated.

"4th. That it is gross malpraxis to introduce the blades of the forceps into the uterus.

"5th. That the forceps should not be used as a compressor."

Notwithstanding the restrictions thrown around the use of the forceps by most of our obstetric teachers for nearly a century, it is doubtful if their rules were implicitly followed by even a majority of enlightened obstetric practitioners at any time during this period. As the history of the experiences of those engaged in extensive private obstetric practice, who were not writers, comes gradually to light, we find, particularly in the United States, that a much greater freedom in the use of this instrument has been indulged in than the above rules permit of. On the continent of Europe the forceps has always been more freely used than in England, and the influence of French obstetric teachings has always been felt to a certain extent in England and in our own country. It has, however, only been within the past twenty-five years that English writers of note have, to any extent, been bold enough to oppose the teachings of the eminent men whom I have so extensively quoted. It is not too much to say that now the reaction has fairly set in, and that no writer in the present day would have the temerity to advance in public the views so strenuously insisted upon by William Hunter, Denman, and others in their times and long afterwards. We now feel that we have good authority for violating every one of the five rules above given: that the forceps may be applied to the fetal head at any portion of the parturient canal; that they may be applied to the fetal head within the cavity of the uterus; that they may be so applied when the os uteri is only sufficiently dilated to admit of the introduction of the blades; that when thus introduced they may be used as dilators of the os uteri; that not only may the forceps be used as compressors, but that such use is often a valuable aid to the delivery of the woman with safety not only to her but to the child. The latter view was long taught by the late Prof. Hodge. All these things are not only done repeatedly in the present day, but the claim is made that with such free use of the forceps life is not sacrificed, but saved,—that the health of the woman is not impaired, but conserved. Let us inquire into the subject, and learn, if we can, whether we are right or wrong in holding to the modern view: whether we should follow the great men of

the past because they were wise in other things; or whether we can prove by the results of a more extended use of the forceps that they envied the use of this instrument with unnecessary restrictions,—that their caution was not wise. Unfortunately for us, the statistics which are available furnish us only with the immediate results as affecting the life or death of the woman and child. They also treat only of cases occurring under the care of men of acknowledged ability far superior to the average practitioner. Such as they are, they seem to justify the wisdom of a frequent resort to the forceps. It is unnecessary to give here those oft-quoted statistics of Clarke, Collins, Johnston, Siebold, and others, which can be found in almost any text-book on obstetrics. It is sufficient to say that they show an almost exact inverse ratio between the frequency of forceps applications and maternal deaths. These principally refer to hospital practice. When we come to examine the statistics of private practice, we find much greater discrepancy in the relative proportions of forceps cases and deaths. Thus, Dr. Robert Dunn ("Statistics of Midwifery in Private Practice, embracing Twenty Years," *Trans. Lond. Obst. Soc.*, 1860) reports, out of four thousand and forty-nine cases, twenty forceps, or one in two hundred and two, and twenty-seven maternal deaths from all causes, six of which were from remote diseases, leaving twenty-one deaths, or one in one hundred and ninety-three. Dr. Knoggs ("Statistics of Midwifery in Australia," *Dublin Med. Jour.*, June, 1882) reports on fourteen hundred and thirty cases attended by himself and assistants, of which forceps cases bore the proportion of one in nine. Maternal deaths from all causes, one in one hundred and two. The late Dr. William Harris, of this city, used forceps once in every seven cases, with no deaths. In my own practice I have applied forceps about once in ten cases, with no maternal deaths. These are given only as specimens of reports of private practice; more could be added were it necessary, but these, I think, will suffice to show that the forceps can be used with great frequency and with little immediate mortality to the mother. It must be admitted that, so far as death of the woman while in labor or during the puerperal period is concerned, all statistics show, unquestionably, that frequent resort to the forceps has been

attended with the most favorable results. The inference that such use of the instrument is, on the whole, beneficial is open to two sources of fallacy. One is the fact, before mentioned, that all hospital reports, and most, if not all, reports of private practice, represent the experience of men of ability far above the average. The other source of fallacy is that we have no accurate statistics of the remote ills ensuing from the use of forceps. In regard to the first point, it may be said that it is impossible to ascertain the truth; we can only surmise. The large majority of labor cases which fall at all under the care of physicians are attended by men of average ability, the results of whose cases are known, as a whole, to themselves only. We can, therefore, judge only by what we see, or by what accidentally comes to our knowledge. In such cases, when death ensues after an instrumental delivery, we know not how much to ascribe to the forceps and how much to other things. This much only can be said, that the favorable results from the use of forceps by the exceptionally wise and skilful should not be accepted as a criterion of similar cases in the hands of the profession at large. No one was better aware of this than Smellie, who, having perfected, as he believed, a most valuable instrument, refrained from announcing his discovery to his class or showing them the long forceps, for fear that they, through reckless use of it, might not only inflict an evil on society but bring his invention into disrepute.

I now come to speak of the remote results of the use of the forceps, to which I have already alluded as constituting the second source of fallacy to the inferences likely to be drawn from the published statistics. We have no accurate information affecting this matter, for the following reasons. Many women are attended by the same accoucheur in one labor only. This is eminently true in hospital practice, but is also the case, to some extent, in private practice. In these cases but little opportunity is afforded to learn the after-history. Again, the injuries inflicted often do not become apparent for years afterwards; and even when the woman has been attended in successive labors by the same physician the results of his treatment in many cases cannot with certainty be fully ascertained until late in her sexual life. Years, therefore, are necessary to teach us, if we learn

from our own experience only, the best methods of practice. Again, when the remote results in all their details are known, few men have the courage, or care, to undertake late in life the thankless task of reporting all the mischief they have unwittingly done. This we know, however, that men become more and more patient with nature and less anxious to interfere with her laws by hasty use of the forceps as they approach the close of a long obstetric career. Our only means of judging of the amount of injury done by this instrument, aside from observation in our own cases, is what we see of other men's obstetric practice in our gynecological cases. What are the remote ills liable to result from the use of forceps? They are those depending upon bruises, lacerations, and excessive or rapid dilatations occurring during labor. It is true, these injuries may occur under any circumstances; but nature in her wisdom regulates the expulsive forces in strength and character so as best to protect the maternal tissues from injury: when, therefore, we seek to hasten the process of labor unwisely, we always endanger their integrity. Bruising of the pelvic structures may result in inflammation of the uterus, ovaries, bladder, urethra, the peritoneum, or the pelvic connective tissue, with their attendant annoying symptoms, which I need not enumerate, as they are familiar to all of us. Lacerations may lead to the same, but in addition, if not promptly repaired, they, by weakening the uterine supports, may result in various displacements of the uterus and other pelvic organs. The formation of obstructive cicatrices on the one hand, and of vesico-vaginal and recto-vaginal fistulae on the other, are occasional results of the same class of injuries. Excessive or violent dilatations of the parturient canal, unattended by palpable lacerations, I believe, are largely responsible for prolapsus and other displacements of the uterus. A brief review of the anatomy of the pelvic organs of generation in woman will show us that the uterine supports are numerous. I will not refer to those which tend especially to keep the fundus in its normal position, inasmuch as we are chiefly concerned, in the present inquiry, with those whose principal office it is to maintain the uterus at its proper level in the pelvic cavity. A section from before backwards, through the median line of the pelvis, shows us the uterus supported

upon a column which commences below with the strong muscular and fibrous structure constituting the floor of the pelvis. Rising from the latter in the line of the pelvic axis is the recto-vaginal septum, composed of connective tissue; in front and above this lies the posterior wall of the vagina in close contact with the anterior wall of the same passage, which extend together to the lower extremity of the uterus. The two walls of the vagina are kept in contact by the pressure of the abdominal walls and contents acting upon the bladder in front and the intestines behind, the latter consisting of the rectum and a loop of small intestine pressed down into the cul-de-sac of Douglas. Thus the generative organs stretch from side to side of the pelvis throughout its whole extent, from the superior to the inferior strait, like an open valve, and receive the pressure of the abdominal contents in an equal degree on their anterior and posterior surfaces, the *point d'appui* being the strong muscular and fibrous structure constituting the floor of the pelvis. Lacerations, therefore, extending into the floor of the pelvis, through the perineum, we can easily see, seriously weaken if they do not wholly destroy the supporting column upon which the uterus is placed. Excessive dilatation of the vagina and vulva, with laceration of the posterior vaginal wall, or even, in all probability, without any laceration, seriously weakens this support, even though the perineum remain intact. Unless these injuries are repaired either by the efforts of nature or the physician, a certain amount of prolapsus of the uterus will occur soon after the woman assumes the erect position, but this displacement will not immediately become considerable, on account of other supports with which the uterus is supplied. Savage found that in the cadaver, when all the supports of the uterus from below were divided, he could, by means of a pair of volsella forceps inserted into the cervix uteri, draw the entire organ down to only a limited extent. On looking for the structures which resisted the farther descent of the uterus, he found them to consist of the strong fibrous bands constituting the utero-sacral ligaments. These ligaments have their origin on the anterior surface of the sacrum, chiefly at its upper part, and run forward on either side of the rectum and the cul-de-sac of Douglas to the uterus, to which organ they are attached at the point

of junction of the cervix with the body; prolongations are continued forward to the bladder and pubic bones. When these were divided, the uterus could be drawn down one inch farther; the broad ligaments with their enclosed connective tissue had to be divided before complete procidentia of the uterus could be artificially produced.

Savage thus demonstrated that injury to the utero-sacral ligaments is an essential factor in the production of marked prolapsus of the uterus, though this may be accomplished by the prolonged traction of an abnormally heavy uterus deprived of support from below. Now, these ligaments may be injured either by laceration extending through the cervix uteri, or, without such injury to the cervix, they may, by forcible dilatation of the neck of the uterus, be themselves torn and distended in a similar manner to the ligaments of a sprained joint. All lacerations of the parturient canal extending into the mucous surfaces can be at once detected after delivery and repaired at any time the attending physician may select. Injuries to the utero-sacral ligaments when entirely sub-mucous cannot be discovered for months, perhaps not for years, and, furthermore, are never amenable to operative treatment. They are, in fact, incurable, and can only be palliated. Prolapsus of the uterus and other displacements of that organ, with all their annoying symptoms, are liable to ensue after a time upon this injury. The special symptoms resulting from laceration of the cervix uteri alone in certain cases I need do no more than refer to, as they have been the theme of much discussion among gynecologists within the past few years. If we are to give full credit to Emmet and his followers, they give rise to some of the most serious general and local diseases, predispose the sufferer to the development of epithelioma of the cervix, and produce the most painful and distressing nervous ailments.

I do not think I have overdrawn the picture of the injuries which the forceps is capable of producing. I do not mean to say that these are, by any means, exclusively due to the use of this instrument, but I do mean to say that a certain proportion of such injuries to the parts below the uterus, and by far the largest proportion of those to the cervix and utero-sacral ligaments, are due to the use of the forceps: the latter class can ensue from the use of

this instrument only when it is applied through the partly-dilated os uteri. Notwithstanding the foregoing remarks, I wish it to be clearly understood that I approve of the application of the forceps at any portion of the parturient canal. I have repeatedly applied it through the imperfectly dilated os, and will so apply it again when circumstances seem to require it; but I consider the use of the instrument to be *never* without some degree of danger to the well-being of the woman, and that therefore it should never be used as a means of saving time unless we think we see that delay is likely to compromise the life or health of the mother or child. The danger becomes greater with the height at which the instrument is applied, not so much from the introduction of it as from the use we are tempted to make of the enormous power which this instrument places in our hands. The danger rather increases than otherwise as we acquire dexterity in introducing the forceps; for then we are not deterred by fear of inability to apply them.

What are we to learn from the extreme caution of Hunter, of Denman, of Osborne, of Blundell, of our own Meigs, of Lee? What are we to think of the illustrious Smellie, the father of modern operative obstetrics, hiding his newly-discovered light under a bushel, not to be seen of men less prudent than himself? We are to learn and to think that these men knew the obstetric forceps essentially as we know them, and that they knew—none better than Smellie—the evil of which the forceps was capable in the hands of the ignorant or reckless accoucheur. These men knew the value of time in obstetrics,—time for the dilatation of the maternal parts and for the moulding of the head. I have, in the past, used the forceps freely,—more, I now admit, than was requisite, notwithstanding I have been singularly fortunate in the results of my cases; but when I came to have more confidence in my ability to judge of the condition of the mother and child, of just how much the former would bear without failure of strength, and how much the latter could endure without danger of asphyxiation, I was astonished to see difficulties disappear before the natural efforts of the mother which at first seemed imperatively to require instrumental interference. If one will only keep from irritating the mother's tissues by frequent examinations, and will, at the same

time, soothe her mind by the exhibition of that calmness and confidence which are so contagious, instead of displaying anxiety in his countenance and worrying his patient by constant investigations, he will often see a wakeful, nervous woman become calm and disposed to sleep, an irritable uterus become less painful, a rigid os become relaxed, and pains which are inefficient, and exhausting to the woman and threaten the child with asphyxia, become rhythmical, efficient, bearable to the woman, and safe to the child.

The beneficial effects of quietness of mind and freedom from apprehension on the progress of labor are beautifully exemplified in those cases, more or less familiar to us all, of very early rupture of the membranes. The mother is prone to take alarm at the event; as a consequence of this alarm, the uterus is soon thrown into frequent, painful, and inefficient contractions. From the almost constant pressure of the presenting part upon the os uteri, this too becomes irritable and rigid. While she is in this state, let the wise physician enter with reassuring looks and conduct, calm his patient's mind with these, and allay her pain with an occasional dose of opium, and the scene changes: rest and quiet of mind and body soon lead to happy results.

My object in writing this paper is to call attention, in this age of most free, if not reckless, use of the forceps, to what we are doing in all its bearings; to compare ourselves with those who were at least our equals in the past, and to ask whether they were all wrong and we altogether in the right. To repeat what I have already said, while conservatism is not always wise, neither is all progress improvement. While I would not hedge the forceps round with rules which would often restrict its proper use, I submit that teachers in the present day err in not impressing upon the minds of their auditors, with sufficient emphasis, the dangers attendant upon the imprudent use of the forceps, particularly when it is applied within the uterus, and in not calling their attention more closely to the value of time and of the slow, rhythmical succession of the expulsive efforts, whether made by the mother herself or imitated by the physician with his forceps, in so moulding the foetal head and dilating the maternal parts as to preserve the integrity of the tissues of both, without interfering

dangerously with the uterine or placental circulation. To my mind, there is wisdom in the words of the illustrious Smellie, who more than a century ago wrote the sentence already quoted: "I did not then recommend the use of" the long forceps, "because I was afraid of encouraging young practitioners to exert too great force and give their assistance too soon."

NO. 737 SPRUCE STREET, PHILADELPHIA.

## CHONDROMA OF THE VAULT OF THE SKULL.

Reported by J. P. CROZER GRIFFITH, M.D.

MICHAEL S., aged 29, a German, married, by trade a tanner, was brought to the Presbyterian Hospital in Philadelphia on the night of June 12, 1882, during the service of Dr. De F. Willard, through whose kindness I am enabled to report the case:

At the time of admission, the most notable feature of the case was the position of the head, which was thrown back upon the shoulders to the farthest extent possible. The patient also seemed to be unable to walk without assistance, and complained of violent headache, chiefly frontal.

There was no pain at the back of the neck, but any attempt on the part of another to forcibly elevate the head drew from him a cry of suffering.

He was at once put to bed, and a saline purge and large doses of bromide of potassium ordered. By the following morning his condition was easier, and he could hold his head in the natural position. His hair, which was very heavy, was cut, and there then appeared on the anterior portion of the vault of the skull a tumor about the size of a walnut.

The patient had also slight internal strabismus and a peculiar prominence of both eyeballs, with some injection of the conjunctiva.

The right eye he kept closed much of the time, and complained of some pain in it. An ophthalmoscopic examination, made by Dr. George Strawbridge, revealed a condition of double-choked disks.

The tumor was firmly attached to the bone, and was slightly tender on pressure, especially at the anterior portion. The skin and hair covering it were of natural appearance.

Peculiar coppery patches were observed upon the arms. These were suspected of being of a syphilitic nature, but were attributed by the patient to the bites of insects. The post-cervical glands were slightly enlarged.

An attempt was made to obtain some previous history, but with poor success, inasmuch

as his ideas were evidently considerably confused, and his statements were often contradictory. As nearly as could be ascertained, he had first had headaches in 1870, after having been in the Franco-Prussian war. These headaches had occurred with irregularity, though often several times during a week.

About a month before embarking for America, while at work in his garden, he became dizzy and fell in an unconscious condition, in which state he continued for about an hour. After regaining consciousness he suffered with severe headache and dizziness for a week, being confined to bed during a portion of this time. His headaches then were as severe as at the time of admission to the hospital, and he had the same tendency to throw the head backward.

Two weeks after this time, and one week before leaving Europe, he for the first time noticed the tumor, then approaching the size of a hazelnut.

Unfortunately, no precise knowledge of the date of embarkation for this country could be elicited. March, April, and May of 1882 were each named by him. Thus the presence of the tumor had been recognized for from one and a half to three and a half months. During his voyage, and up to the time of admission, he had suffered severely from almost persistent pain in the head. The patient claimed to have been a temperate man, and denied all syphilitic taint. While in the hospital, the pain was at least partly controlled by bromide of potassium. Examination of the urine revealed nothing abnormal. Iodide of potassium was tried, but without effect; and at the end of the first week the tumor had increased very perceptibly in size, and to the right of it appeared a smaller and flatter nodule, not at this time connected with the larger growth, at least externally. Over this new tumor, at about the position of the coronal suture, extended a groove or depression. This, it was supposed, was produced by the firmer adhesion of the periosteum at the suture-line. The patient now became partly delirious, and attempted at times to leave his bed, insisting that his friends had visited him and that he must leave the city.

From this time onward his mind became continually more clouded, but at no time was there any coma, until three days before death, when, with pupils dilated, he sank into a profoundly comatose state. During the last two days of life he appeared completely paralyzed, being unable even to swallow, and rendering rectal alimentation necessary.

Meanwhile, the tumors had been growing very rapidly, and the larger one had become exceedingly tender and rather soft in parts.

On the first day of July the growth was aspirated, but only a few teaspoonfuls of fluid were obtained. This was of a blood-red color, and under the microscope appeared to con-

sist of blood, with a large number of contained leucocytes. A few hours later he died, nineteen days after admission to the wards.

At the post-mortem examination the following conditions were found. The chief tumor, which was of oval shape, was situated in the median line, commencing just above the line of the frontal eminence, and extending backward for a distance of four and a half inches. Its greatest breadth was three inches, and its greatest elevation from the surface of the skull one and a half inches.

To the touch it was soft in the centre, almost as though it contained fluid. Around the line of junction with the skull could be felt a peculiar crepitus, as though loose plates of bone were under the fingers. The skin covering it was of natural color and appearance.

To the right of the tumor just described was a smaller elevation, two and a half inches long, two inches broad, and with its greatest height one-half inch, shelving off irregularly on its right side, and on the other being continuous with the larger growth, but of much less altitude. The groove over it, before mentioned, had largely disappeared.

On removing the scalp, the periosteum was seen to cover entirely the growths. Apparently there existed a distinct capsule for each tumor, but the union between them was now so intimate that this could not be positively ascertained.

Incision into the smaller growth showed it to be firm, dense, and white, like fibrous tissue. No bone-spicules appeared. Incision through the capsule of the large tumor revealed a very red mass, comparatively soft, in spite of the great number of contained bone-spicules.

On removal of the calvarium it was seen that the total internal projection of the growth was at least partly divided into three lobules. The one on the left of the median line was somewhat larger than the combined bulk of the two upon the right, extending from opposite the frontal eminence posteriorly for four and a half inches. Its width was two inches, and its thickness one and a half inches. The dura mater over it was smooth and entirely free from the brain-substance.

The growth upon the right of the median line reached from three-quarters of an inch above the orbital plate of the frontal bone backward for three and a half inches. It was divided into two lobules, of which the anterior one was two and a half inches long, two inches broad, and about two inches thick perpendicularly; and the posterior one, one inch long, one and a half inches broad, and about one inch thick. The surface of the tumor upon this side was nodulated. The dura mater was at several points adherent to the brain, and at one spot spicules of bone penetrated into the brain-substance.

The entire internal projection of the growth, except the posterior lobule situated upon the right side, appeared to be of the same structure microscopically as the larger external tumor. This one lobule resembled the smaller external growth, and, from its position, was evidently a part of it.

The brain beneath the tumor was superficially congested, and the veins engorged.

The surrounding bones of the skull appeared healthy until within a quarter of an inch from the mass. At this distance, upon stripping off the periosteum or dura mater, the bones appeared carious and as though worm-eaten. Inside the tumor the tables of the skull were almost, if not entirely, destroyed.

Portions from both the younger and older parts of the growth have been prepared in chromic acid solution, and sections made for microscopic investigation. They resemble each other very greatly, each consisting of a net-work of numerous interlacing, usually large-sized bundles of connective tissue, with the small meshes filled with cells. This connective tissue is imperfectly fibrillated, rather waxy in appearance, and with few meshes; but there is a considerable amount of effused blood visible in the older tumor, the amount of fibrous tissue is perhaps proportionately greater, and there are also present very many spicules of bone. These spicules are probably newly-formed osseous trabeculae, and not fragments of the eroded vault of the skull. This belief is held because in the younger tumor there are almost no spicules discoverable, and because, were they the result of a later eroding action, they would be found in the centre only, and not, as now, most abundantly at the periphery.

The determination of the nature of the growth will now depend largely on the nature of the cellular element, and will be a matter of interest, because already there has been, I believe, a difference of opinion among some microscopists who have examined the tumor.

Although in some places the cells are embryonic, yet in many other portions they are distinctly larger, round or irregular, single or arranged in groups, with one or more nuclei, and often surrounded by a distinct capsule,—in fact, are cartilage-cells, and the tumor must be a reticular chondroma. The presence of embryonic cells is of course accounted for by the fact, as stated by Cornil and Ranvier,

that chondromata do not develop directly from the bone, but that there is a progressive change of the compact substance into embryonic tissue, and a continued inclusion of this in the tumor in the form of young cartilage-cells. These authors, therefore, do not accept the chondrosarcoma of Virchow. Butlin, on the other hand, in his recent book on sarcomata and carcinomata, classifies all chondromata of the bones as chondrocytic sarcomata.

A feature which assists in the diagnosis is the appearance of the lobules of the tumor, which seem to grow from *adjacent foci*, and not to spring from a common source. The tumor under consideration might possibly be confounded with sarcoma, carcinoma, or gumma.

But sarcoma never has connective tissue so well developed. Carcinoma has well-formed nests of cells, the connective tissue has reached a more perfect development, and many fully-formed blood-vessels are to be found in the trabeculae of the tumor. (Moreover, there is always infiltration of the surrounding tissues.) The gumma is flatter, of limited growth, and has, at least in parts, numerous vessels, around which the cells are thickly grouped; as Rindfleisch says, "the adventitia of the vessels is the proper matrix of the syphiloma."

The retrogressive softening of the parts of larger growth must be due either to a fatty and mucoid degeneration or to the conversion of the tumor into a vascularized medullary mass, as sometimes occurs, according to Cornil and Ranvier, or to both factors. An ossifying metamorphosis has also taken place in the older growth.

As to whether the tumor was of subperiosteal or central origin, I have not been able to satisfy myself. The points of differential diagnosis between central and subperiosteal sarcomata, as given by Butlin and others, do not seem to me to be sufficiently conclusive, at least in their application to this case.

Rindfleisch says that both sarcomata and chondromata of central origin distend the bone to a mere shell, and push it before them, only breaking through at points. If this is invariably the case, this tumor must have been subperiosteal, for there is no semblance of bone over the smaller and younger tumor.

Clinically, the case is of interest from the fact that so great a depression of the

brain could have existed with so few signs of disturbance of its functions; and if the rapidity of growth was as great within the cranium as exteriorly, there was but little time for the brain to accommodate itself to the pressure.

110 SOUTH EIGHTEENTH STREET.

## EMPLOYMENT OF THE BLIND IN JAPAN.

BY W. NORTON WHITNEY, M.D.,  
Tokio, Japan.

ON a fine day one can scarcely walk a square in any of the more thickly populated districts of Tokio without hearing the shrill whistle of the blind shampooer, as with long stick in hand he slowly feels his way, calling out from time to time his fee for a complete shampoo.

A system of employment for the blind so suited to their condition, affording as it does fair profit and an abundance of healthful exercise in-door and out, certainly deserves at least passing notice.

Shampooing, or perhaps, more properly speaking, massage, as practised by these blind men (called *amma*), consists of a gentle rubbing with the palms of the hands of the surface of the whole body, together with passive exercise of the joints, and a slow kneading of the superficial muscles, more particularly those of the trunk and extremities. The sensation to the subject is usually very pleasant, especially if submitted to after violent or continued exertion, as after a difficult climb or a long walk.

Japanese physicians recommend it in tabes dorsalis and certain other forms of paralytic disorders, as well as in hysteria and some kinds of headache, in lumbago and in many other diseases, also in convalescence from diseases in which there has been loss of power or wasting of the muscles. It is much used, and probably often abused, in cases of difficult labor. One Kagawa, who first employed it for this purpose, called it "the body-regulating art." It is also generally employed after labor to soften the breasts.

Massage is not employed in rheumatism, gout, or acute fevers. Acupuncture, too, was formerly performed by some of these *amma*; and I am told that the examinations for license to practise these, especially the latter, were very rigorous.

The skill and anatomical knowledge sometimes acquired by these unfortunates are truly wonderful, for, besides a gentle touch and an almost instinctive appreciation of the seat of pain, many of them know all the superficial muscles, and can even tell in what position to insert needles for the cure of certain diseases. Unfortunately, scabies has been occasionally communicated by these shampooers, as well as certain contagious diseases,—a fact, however, which does not seem to lessen the demand for shampooing.

I am told that over one-half of the cases of total blindness in former days were attributable to smallpox; and it is probable that purulent ophthalmia and syphilitic diseases were responsible for the larger portion of the remainder.

The number of blind, deaf, maimed, etc., according to the published census of 1875, was 101,587, of whom 63,759 were males and 37,828 were females, the total population at that time being 33,110,825. Of this number it is probable that the greater part were blind, and it is not at all unlikely that in former days the proportion of this class to the total population was still greater, as the gradual institution of compulsory vaccination, the regular examination of prostitutes, and the growing popularity of Western methods of treatment of ophthalmic disorders have tended, on the one hand, to limit the spread of the most potent causes of blindness, and, on the other, to increase the number of eyes rescued from actual loss.

Since the "restoration" in 1868, the ancient laws allowing these blind certain rights and privileges have been repealed, and the profession is now open to all. Formerly the blind belonged to the so-called "long-robed" or professional class, in which were also included those who practised the arts of acupuncture and of divining, the priests and the doctors. Various titles or degrees were bestowed upon the blind upon passing examinations and the payment of certain fixed sums of money. The lowest of these degrees, next to that of the common *amma*, was the *shibun*, which gave the possessor certain rights and privileges and raised him to the rank of the military or two-sworded class. He was also permitted to wear a ceremonial dress on certain occasions and to carry a white stick surmounted by a wooden ball. The fee for this degree was about one hun-

dred dollars. Upon obtaining the next degree, that of *ko-to*, the blind man ceased to practise the art of shampooing, and became a teacher of music, for which position he had been preparing during the chrysalis state, so to speak, of shampooer. Above the degree of *ko-to* came that of *ken-yo*, or inspector, the fee for which was one thousand dollars. To obtain this degree was considered a great honor, and among its possessors were to be found some very remarkable men. One of these, Hanawa Kenya by name, a professor of mathematics, is said to have possessed such a wonderful memory that he could recognize at once any quotation made from any book in his great library, and could give the title of the book and even the number of the page from which the quotation had been made. It is also said that, although he had been blind from infancy, he knew the names, forms, and meanings of nearly all the Chinese characters in use, and was, besides, a writer of note.

The highest degree or rank was that of *so-roku*, of which there were, I understand, only two holders at one time in each of the capitals. All the appointments and honorary titles were conferred through these *so-roku*, who also acted as judges in matters relating to their own people.

A certain amount of authority was attached to the lower ranks, and no doubt added considerable to the income of the possessors. On occasions of great rejoicing in any household, as, for instance, a birth, a marriage, or elevation in office, one of these blind shampooers would call for a present, which by law it was necessary to make, and which ranged from ten or fifteen cents upwards, according to the wealth and position of the family. The collection of these fees fell to each *shi-bun* in every district in turn, besides which fees were also received from apprentices.

In order that a blind man might travel from place to place, and yet not interfere with other blind practising in these places, his stay in each town or village was limited to three days, during which time only he might receive fees for professional services.

The blind were also allowed to lend money, for which they received high rates of interest, popular sentiment protecting them from loss. A blind man might marry only after he had taken a degree, as this was considered proof that he would be

able to provide for a family; but marriages between blind and blind were strictly forbidden. There were societies or guilds of blind men, which afforded their members considerable protection.

This whole system has proved of great utility in giving these unfortunates opportunity of competing on a most favorable footing with their more fortunate brethren, and at the same time stimulating them to higher attainment. Such, indeed, was its success that the blind, unfortunate as they might be in the loss of sight, led happy and comfortable lives, supporting themselves and families, and proving as well a benefit to their fellow-creatures. It is therefore not without some feeling of regret that we see these old institutions passing away, and in their stead attempts being made to care for the blind in large asylums and at public expense.

The experiment of teaching a few of our own blind this most useful art, though, I believe, yet untried, is perhaps worthy of consideration, especially as massage is beginning to have an important place in the treatment of so many disorders.

## TRANSLATIONS.

JACCOUD ON THE TREATMENT OF TYPHOID FEVER.—In the prolonged discussion of the subject of the treatment of typhoid fever before the Académie de Médecine, the parasiticide theory and treatment based upon it were vigorously opposed by Jaccoud, who also gave a rapid *résumé* of his method of treatment which he had employed for sixteen years, and from which he claimed to have had such success as to reduce the ordinary mortality rate of 19 per cent. down to 10.83 per cent. He based his treatment upon two characteristics of the disease,—first, the adynamia; secondly, the abnormal calorification. From these result two great therapeutical indications,—first, to spare and sustain the forces of the patient from the beginning; secondly, to remove a portion of the heat produced, and to restrain the heat-production. These indications are filled by a systematic method of treatment instituted as soon as the diagnosis is made. It comprises two parts,—first, alimentation with broths, wine, and especially milk, in the quantity of one or

two litres per day; and, secondly, by the use of alcohol, which is administered in the dose of 30 to 80 gm. daily in punch taken by spoonfuls. To this alcoholic drink Jaccoud adds extract of cinchona; this is continued during the entire duration of the fever. In this manner he seeks to fulfil the first indication to correct the adynamia, and also, through the use of the alcohol, to diminish slightly the combustion of the tissues and the production of heat.

From the beginning he also seeks to reduce abnormal heat by having the body sponged off with aromatic vinegar and cold water from four to eight times daily. Should the temperature continue as high as 40° (104° F.) for several days in spite of the sponge-baths, he resorts to antipyretic agents, such as bromhydrate of quinia and salicylic acid, the doses being the same. The first day he gives no more than 2 gm. at the most, taken in one dose, either in the morning or in the evening. The next day he reduces the dose by .50 gm., and on the day following .50 gm. more of the remedy is continued so long. He allows the patient to rest after the second or third dose for at least forty-eight hours, and then he recommences.

On account of the antiseptic qualities of salicylic acid, he gives it the preference, except in the presence of the following contra-indications: first, alcoholism; second, violent cerebral symptoms; third, feebleness of the heart; fourth, symptoms of renal disorder. But these conditions are not contra-indications to the use of the quinia salts, nor would they interfere with their employment. In case pulmonary congestion should occur, dry cups are used to the number of thirty or forty per day.

In conclusion, Jaccoud protested against overdosing, and paid his respects to the bacteriophobists who treat typhoid fever on the theory that it is a parasitic disease, this leading them to an immense abuse of salicylic acid, phenic acid, etc., without concerning themselves regarding the tolerance of the individual. He said that "the result is that in striking at the microbe they knock down the patient. Even when it shall be shown that the fever is caused by a bacterium, the physician ought never to lose sight of the human being whom he has under his charge: he should take into consideration the individual constitution of the patient, his

powers of resistance, and the effects which the means employed may produce upon him; if not, he will be the victim. One cannot guard himself too much against these sudden storms or hurricanes of fashion in therapeutics."—*Bulletin de l'Acad.; Revue de Thérapeutique.*

**HYDROPHOBIA AND HOANG-NAN.**—Dr. Barthélemy, in a communication recently read before the French Academy, formulates the treatment of hydrophobia by hoang-nan, of which the following is an abstract:

One of the first effects of hoang-nan is to calm and relieve the mental faculties, while to the digestive organs and nervous system it gives tone, and calls into play all the energy of which they are susceptible. It is evident, finally, that an organism saturated with hoang-nan (either alone or combined with sulphide of arsenic, according to the native formula) forms a medium very unfavorable to the growth of parasites. The approved method of administration for the prophylactic treatment is, according to this writer, to commence with a moderate dose, say thirteen to fifteen centigrammes, which is to be augmented by an equal quantity each day until slight twitchings or muscular rigidity are produced, the patient at the same time abstaining from alcoholic liquors and exciting food. It will suffice to increase the dose, at the most, to one and one-half to two grammes daily. In all cases the effects are proportional to the doses, and the author states that there is no danger of any cumulative action of the drug. This, which is pursued as a preventive treatment, contains nothing especially repugnant to the patient, and is not incompatible with his ordinary habits of life.

When the nervous phenomena indicating an outbreak of rabies have appeared, the patient is in imminent danger. The treatment must now be pushed, giving two or three grammes daily of the powder of hoang-nan, say in a dose of fifty centigrammes each half-hour, until the physiological effects of the plant are manifested, thus announcing the fact that its curative action may be counted upon.

In a case attended in Tonquin by M. Pernier a still more energetic course was pursued. In a case of well-marked hydrophobia he gave at first two grammes of hoang-nan, and soon afterwards about one

and one-half grammes. At this moment the patient fell backward as if struck by lightning, cold, and with clenched teeth. In about a quarter of an hour these violent effects disappeared, but the phenomena of rabies did not return.

Finally, it seems of the highest importance to suppress as much as possible all sources of external irritation which may excite spasms, and to keep the patient calm and quiet.—*Revue de Thérapeutique*, February 15.

**SYPHILIS IN THE MONKEY.**—M. Martineau presented a wax model at a recent meeting of the Academy, representing two characteristic chancres of the penis, produced experimentally upon a monkey. The sores appeared on the twenty-eighth day after inoculation. On the eleventh day of their evolution, these chancres, which had a grayish appearance, took on a red coloration (like bacon-rind), and cicatrization proceeded steadily until they were completely healed on the twenty-eighth day of the evolution of the lesion,—that is to say, fifty-six days after inoculation. Since his first communication upon this subject the glands of the groin have become more enlarged, and there are indurated and enlarged ganglia in the axillæ and in front of the larynx. On the day the chancres healed, four syphilitic erosions appeared on the penis, leaving no doubt of the constitutional infection. These mucous patches made their appearance, therefore, as in man, between the seventh and eighth week. No marked evidences of fever were present.—*Revue de Thérapeutique*.

**TOXIC EFFECTS FROM PELLETIÉRIE TANNATE.**—In *La France Médicale* (No. 20), Dr. Brute reports a case in which serious symptoms of poisoning occurred after giving the popular tæniacuge. A man 35 years of age was ordered .40 gramme of pelletierine tannate, to be taken in the morning fasting, the dinner and supper of the preceding day being composed of milk only. A half-hour later he was directed to take thirty grammes of castor oil. Before evening he passed two large tæniæ. The next morning he took a short walk, but was seized with vomiting, profuse watery diarrhoea, and atrocious colic, with cool skin and the symptoms of collapse, as in cholera. Hypodermic injections of morphia, external heat, and the administration of coffee and brandy, and rubbing

the extremities with hot flannel, brought about reaction; the surface grew warmer, and the patient recovered. On the following day he was quite well.

**THE ETIOLOGY OF TOOTHACHE.**—From an examination of a large number of school-children and soldiers (Robnowitsch: *Wratsch.*, No. 44, 1882) the following conclusions were attained:

1. Large quantities of sugar (confectionery, etc.) favor the destruction of the teeth (by chemical action).

2. The drinking of hot tea, and the habit of taking immediately after hot soup cold drinks, such as ice-water or beer, constitute a thermic origin of decay of the teeth.

3. The children of well-to-do parents have more carious teeth than poor children.

4. The military service, especially in a Northern climate, appears to afford circumstances especially favorable to caries.

5. In girls the teeth are oftener found diseased than in boys.

6. The third lower molar is most frequently carious.

7. On the contrary, those that are least often affected are the canines, and after these the incisors.—*Deutsche Medicinal Zeitung*.

**SCLEROTINIC ACID IN PULMONARY HEMORRHAGE.**—Dr. Planellas, of Barcelona, in cases of tubercular disease of the lungs where hemorrhage occurs, uses ten centigrammes of sclerotinic acid given in a pill, repeated every half-hour or less frequently. In urgent cases it may be administered hypodermically. It commences to act in doses of two centigrammes.

Sclerotinic acid, obtained from the ergot of rye, is feebly acid, is soluble in water, and without much taste. It diminishes the excitability of the medullary centres and lowers the blood-pressure.—*Revue de Thérap. Méd.-Chir.*

**RELATION OF RACHITIS TO SYPHILIS.**—A case of rachitis in the service of Dr. Lannelongue, who reported it to the Société de Chirurgie of Paris, terminating fatally at three years of age, showed in the viscera evidences of inherited syphilis, and in the skeleton the lesions of rickets, all the bones being characteristically affected. The disease was traced to maternal syphilis contracted several years previously.—*La France Médicale*.

PHILADELPHIA  
MEDICAL TIMES.

PHILADELPHIA, APRIL 7, 1883.

## EDITORIAL.

THE PREVENTION OF THE  
SPREAD OF SYPHILIS.

THE great unsolved sanitary problem of the day is, unquestionably, the prevention of syphilis; before it all other questions affecting the public health sink into comparative insignificance. It has been estimated, by a careful writer, that two millions of people in this country, out of a population of fifty millions, are affected by some form or phase of syphilis, and "that thirty thousand males are daily infected with venereal poison in the cities of the United States, a large proportion of whom are residents of inland and country towns, whither they return to spread the contagion." Sanger, writing twenty-five years ago, estimated that more than a million and a half cases of syphilis occur every year in Great Britain.

The close relationship between prostitution and syphilis, which, as a rule, is very plainly one of cause and effect, has led some recent writers to approach the question with the idea that State regulation of prostitution and the repression of venereal disease are phrases so nearly synonymous as to be interchangeable. Physicians, as such, however, it is readily seen, should consider the subject from a sanitary standpoint only, and therefore should avoid discussion of the ethical and sociological problems connected with the subject. The moralist and the political economist are more nearly interested in these aspects of the question, and naturally resent the interference of the medical profession, which, we repeat, has nothing to do with prostitution except in so far as it constitutes a menace to the public health.

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With reference to the results of regulation of prostitution, it is undoubtedly true that, as regards the army and navy, such regulation, with the establishment of lock hospitals, has been followed by great improvement in the health of the men and marked reduction in the number of cases of disease. The same in effect is reported as resulting from the operation of similar restrictive measures in Japan. The relationship existing between the governing power and the individual in these two instances, however, is quite another thing from that existing in civil life in great cities, and, in point of fact, where it has been attempted in them, it has been demonstrated that the licensing of prostitutes does not accomplish the great object in view,—the prevention of disease; syphilis, it appears, is only conveyed the more frequently by clandestine women, of whom the authorities have no official knowledge,—experience having shown that men can be incontinent elsewhere than in brothels. In the interesting discussion of this subject recently before the New York Academy of Medicine, which appears elsewhere in our columns, an important legal opinion is expressed with regard to a point which is sometimes misstated; it is the control of a prostitute over her person and personal liberty, it being declared that if it can at any time be shown that she has no other means of making a living, she can be legally committed as a vagrant and detained in a hospital.

It is useless to make laws that are so far above the moral sentiments of the community that they cannot be enforced: therefore the hope for the restriction of syphilis lies mainly in education, and in a wise exercise of the power already in the hands of the profession, of diffusing in the community sound knowledge upon this subject. Correct information with regard to the nature, modes of communication, and consequences of venereal disease should be diffused by physicians in every com-

munity; this is the first and most pressing duty. With regard to prostitution itself, the people cannot learn the fact too soon that prostitutes should be considered and treated as belonging to the dangerous classes. As recommended by Martineau, vagrants of both sexes—in fact, any person arrested on the public streets—should be examined, and if venereal disease is found to be present, they should be sent to lock hospitals for treatment; the existence of the contagious disorder being sufficient to warrant their detention. There should be established free bureaus of information, or dispensaries of the lock hospitals, where individuals can learn authoritatively whether they have syphilis or not, and are in danger of communicating disease; in fact, every obstacle should be removed from the path of any one, man or woman (but the latter especially), for ascertaining whether or not he has the lesions of syphilis, in order that treatment may be instituted early and an infecting focus thus promptly rendered innocuous. Finally, as recommended by Dr. Gihon, the voluntary communication of venereal disease should be punishable by fine and imprisonment.

#### INDIAN-CORN SILK.

WITHIN the last two or three years increasing attention and commendation have been given in Southern Europe to a remedy which is so characteristically American in its botanical origin that we almost blush to think that its medical use should have been discovered abroad. We refer to the silk or stigmata of the maize, or Indian corn, which is used with asserted most excellent results in uric acid gravel and in cystitis, and also as a diuretic in dropsy. It is affirmed to have an anæsthetic influence upon the genito-urinary mucous membrane which is unrivalled, relieving the pain of nephritic colic, gravel, and calculous affections in a way that even

morphia fails to do. Dr. Vauthier, of Belgium, states that its activity is due to an acid, to which he has given the name of "maizenic," whilst more recent writers surmise that there is an alkaloid in it. The infusion has been used (two ounces to the pint of boiling water, taken *ad libitum*). The dose of the maizenic acid is said to be one-eighth of a grain; whilst Dr. Ducaire administers the extract in doses of half a drachm a day.

This remedy has been used in this city to a limited extent for six or seven years; a fluid extract and a syrup of maize are made by Wyeth & Bros. It was brought into use here, it is believed, by Dr. Walter F. Atlee. It has been employed principally for irritability of the bladder and analogous symptoms, and appears to exert a mild diuretic effect. This is not to be confounded with corn smut, *Ustilago maidis*, which has properties very much like those of ergot of rye, for which it has been recommended as a substitute.

#### THE MARINE HOSPITAL SERVICE.

IN our last number we had occasion to speak of the action of the supervising surgeon of the Marine Hospital Service in regard to the navy department. In the *Sanitarian* of March 15, much more serious charges are made against Dr. Hamilton, and supported by apparently conclusive evidence. It is alleged that the attack in Congress by Mr. E. I. Ellis, with its misrepresentations, upon the National Board of Health was prompted by Surgeon Hamilton.

The supineness of the medical profession in this country undoubtedly is an invitation to any one to prey upon its dearest interests; but possibly there may come a time when it will be found that the wiser course for the permanent building up of the Marine Hospital Service would have been to have fostered, and not to have mocked, the good will of the outside profession.

## LEADING ARTICLES.

## SPINA'S STUDIES ON TUBERCULOSIS.\*

ANALYSIS BY R. S. HUIDEKOPER, M.D.

FROM the laboratory of Prof. Stricker appears a recent brochure of one hundred and twenty-eight pages, which cannot fail to find a welcome place in every medical library, and which will prove of great interest, whether one is convinced in full or only in part by Dr. Spina's argument.

The introductory explains that the interest which was awakened by the thesis of Koch induced the author to prove the latter's experiments, and that the Vienna results are greatly at variance with those of the Berlin savant. With the peculiar exclusiveness of our Teuton colleagues, Dr. Spina says that the interest was "especially among the German doctors."

Part I., of twenty-three pages, contains an exhaustive *résumé* of the studies of tuberculosis and the theories which have been held concerning it, from the time of its first recognition by Sylvius, in 1680, to the status before the thesis of Koch. It defines the origin of the terms applied in connection with the disease, and the confusion which has arisen by the varied use of the terms scrofulous, cheesy, etc. The author courteously recognizes the historical sketch of Waldenburg, which aided him in the first part of his work, but his own review is so complete that it is equivalent to new. He concludes from the entire reports that anatomists and histologists have yet to determine not only in regard to the contagiousness of tuberculosis, but also in regard to the differential diagnosis in their experiments on animals; also that the microscope had taught us the structure of miliary tubercles, a cellular structure, and an intercellular net-work, with frequently, if not always, giant cells, but that the microscope had not taught any specific sign of true tubercle; one must, however, have the three elements of structure and take into consideration the retrogressive metamorphosis in order to make the histological diagnosis of tubercle.

Part II. follows with the results obtained

by inoculation, beginning with the negative experiment of Kortum in 1789, who inoculated scrofulous pus in a boy; and this section includes researches either with tuberculous matter or with foreign bodies. Dr. Spina seems to have overlooked many of the valuable papers of Toussaint. In the review of these reports the author cannot find that any one has shown cases which have become infected by cohabitation, and he shows that all autopsies demonstrate lesions which are progressive from a point of original irritation.

Part III. recalls the experiments which have recently been made in regard to the inhalation of tuberculous material, and of foreign matter, which have produced nodes in the lungs. These reports, like those of inoculation, determine nothing essential. Some are positive and some negative. Dr. Spina demands that a closer examination be made of the air inspired, and that account be taken of the relative chemical components, and of the organic substances contained in it. He shows conclusively, however, that pulverized foreign bodies can give rise to node-formation in the lungs.

Part IV. reviews the reports of feeding with tuberculous products. From these the author concludes that the assertion that the "consumption of meat or milk of phthisical cows can cause tuberculosis in man" demands more positive proof, and that sufficient control experiments have not accompanied the others.

Part V. is a sketch of the history of inoculation and inhalation experiments with pure tuberculous matter, resulting in Klebs maintaining the regular appearance of his "*Monas tuberculosum*," Aufrecht and Baumgarten claiming the presence of rod bacteria, and Aufrecht finding also cocci, which Baumgarten denies.

At this point appeared the thesis of Robert Koch, which will bear repetition in full for the better appreciation of Dr. Spina's work, and which runs as follows:

1. In the tuberculous organs of man are found rod-like structures, which are characterized by specific chemical and morphological peculiarities from all other yet known parasites. These Koch calls "tubercle bacilli."

2. The tubercle bacilli are constantly found in tubercles, frequently in the sputa of tuberculous subjects.

\* Studien über Tuberculose, by Dr. Arnold Spina, Vienna, 1883.

3. The tubercle bacilli from the tuberculous organs can be cultivated in coagulated and sterilized jelly.

4. When animals are inoculated with the purely-cultivated parasites they become tuberculous.

5. In the inoculation tubercles the parasites are constantly found.

6. From the inoculation tubercle equally pure cultivations can be made.

7. The re-cultivated bacilli are again inoculable.

8. The tubercle bacilli grow only at the normal animal temperature. They are true parasites of the animal and human organism.

9. All control experiments were *without* tubercle formation.

10. The tubercle bacilli appear regularly also in cheesy bronchitis and pneumonia, sometimes in scrofulous glands and fungous joint-inflammations; further in the "pearls" and bronchiectasia of the lungs of cattle and in the tuberculous organs of monkeys and fowls. As the bacilli are not constantly found in scrofulous glands and in fungous joints, only certain forms of these diseases are to be grouped with tuberculosis.

Part VI. begins with the author's own work and analyzes Koch's arguments separately.

*First argument.*—"The tubercle bacilli react with aniline in a characteristic way."

Dr. Spina finds that *he* can color the bacilli, as well as normal or pathological tissue, with the aniline in either *acid, alkaline, or simple water* solutions, and that he can find in them no peculiar susceptibility which differs from other matter.

In support of this he gives minutely the notes of sixteen experiments. Often one coloring method was first used, and then, after washing out, another.

*Second argument.*—"Bacteria which are not directly concerned in tuberculosis react with the coloring matter differently from the tubercle bacilli."

Dr. Spina colored putrefaction bacteria exactly as tubercle bacilli are colored, for which he gives his experiments No. 16 to No. 21.

*Third argument.*—"The tubercle bacilli are characterized as formations *sui generis*, by certain external signs,—viz., rod-like, slender, one-fourth to one-half as long as the diameter of a red blood disk, gener-

ally five times as long as thick. In tuberculous organs they form compact groups; never any spontaneous, only 'molecular movements,'" etc.

Dr. Spina calls attention to the experiments of Nägelli, which showed that bacteria can alter their form and character with the change of the nutriment in which they may be developed. Reports No. 22 to No. 30 show that Dr. Spina finds variable proportions and sizes of the bacilli, which may present a length of only two or three times the diameter. He also finds bacilli similar in every particular in croupous pneumonia, bronchiectasia, and in the tissue around a seton in a frog's leg. He further questions whether the absence of water in the serum jelly is not the cause of the formation in compact groups, as appears from experiment No. 30. The author here notes that the bacillus of glanders recently advanced by Loeffler and Schuetz does not differ in any way from the bacillus of Koch.

*Fourth argument.*—"The tubercle bacilli are constantly found in the tuberculous organs of man. Reports No. 31 to No. 54 are divided into four rows and cover a large number of cases:

- a. Chronic lung tuberculosis.
- b. Sputa from phthisical patients.
- c. Sputa from non-phthisical cases.
- d. Tubercle of serous membranes.

In a great number of these cases Dr. Spina could not find any bacilli, especially in class *d*, and he adds Kowalski's researches, which substantiate his own in every particular. Special attention is called to the absence of bacilli in the tubercles of the omentum.

"The tubercle bacilli increase only at a temperature near that of the animal body." The experiments in the Vienna laboratory show that this is true only of cultures in the Koch jelly, and that by the employment of other fluids the bacteria can be developed at temperatures between 30° C. and 100° C. By the addition of water to the Koch jelly, a considerable deviation of temperature will still permit the increase of the bacillus.

*Conclusion.*—This can briefly be resumed in the following:

Inoculating animals with tuberculous material produces a form of nodular growth in the tissues. Indifferent substances, inoculated, cause the same nodes.

The bacillus of Koch has no peculiar

property which others have not. Several forms of bacteria are found in tuberculous masses. It is not proved that the bacilli in the sputa come from the lungs; they can as readily come from the atmosphere.

Tubercles of the peritoneum which are not exposed to the air contain no bacilli.

It is not proved that tuberculosis is contagious.

*Appendix.*—This contains references to work which appeared during the printing, and includes support of the Koch theory from Lichtheim, Hiller, Chiari, and Cramer, while Schottelius and Formad cannot agree with the deductions of Koch, the former on clinical, the latter on anatomical grounds.

## NOTES FROM SPECIAL CORRESPONDENTS.

### MANAGEMENT OF INSANE HOSPITALS.

EDITOR PHILADELPHIA MEDICAL TIMES:

I READ to-day for the first time your editorial on the "Proposed Legislation for the Insane," and, believing that you would not willingly create an incorrect impression in any cause, I venture to ask that you publish the following statement. You say, "under existent law, when a patient has once been legally committed to an asylum, he can be detained there indefinitely by the superintendent, until he forces his way out by the legal processes." The *truth* is that the person or authority who commits a patient can take him away *at pleasure*, without any delay or any legal process whatever. A husband commits his wife, or a friend his neighbor: he can take the patient out of the hospital whenever he pleases. The party responsible for his maintenance in the asylum can do the same, unless this responsibility, instead of being assumed voluntarily, is the result of legal process. Directors of the poor placing a patient into a hospital have exactly the same authority of removal. It need not be stated that this power of removal must carry with it the power of visitation,—were it ever disputed.

Whenever a patient is committed to the hospital by court, that court of course orders him out whenever it sees fit.

These three methods embrace practically all the ways in which patients are received into hospitals.

Now, so long as the hospital authorities are in accord with these three committing parties—viz., friends, or poor-directors, or courts—that the patient should remain, he is held as against

any third party who may claim his discharge. But the law gives such a third party the right to bring the case into court on a writ of habeas corpus, and a rehearing may thus be obtained, and former decisions of court, or the judgment of hospital superintendent, friends, or poor-directors, all be overruled, and the patient set at liberty. It would seem that a candid person with sufficient practical knowledge of all the facts to entitle him to an opinion could hardly ask anything more.

But how far is the condition of things as here stated removed from that represented by the popular press, and, in a measure, by your article! Is it just that hospitals should be held up as prisons, and the superintendents of them as turnkeys and mad-house keepers? There are plenty of valid arguments for additional lunacy legislation, without setting up men of straw and by them putting into needless anxiety families who have insane members.

Respectfully,

JUSTICE.

March 24, 1883.

### CINCINNATI.

CINCINNATI has certainly contributed her full quota to recruit the ranks of the medical profession. The graduating class of the Medical College of Ohio numbered one hundred and two; that of the Miami College, forty-one; that of the Cincinnati College of Medicine and Surgery, fifteen; in all, one hundred and fifty-eight regular graduates,—together with a miscellaneous lot of eclectics, homœopaths, vitopaths, etc. None of the colleges of this city require more than a nominal three-years course of study, with an attendance upon two full courses of lectures. Probably the majority of the graduates do not have a good English education; and only the few possess a good knowledge of medicine.

Quite a number of students remain here during the summer, in attendance on the clinics and hospitals. Of course these are the better class of students, and are generally preparing for a hospital examination. The Ohio and the Miami Colleges are holding spring terms, which are fairly well attended. It is the custom here to have lecture at the spring session the younger aspirants for professional honors, who here train for college positions proper as opportunity offers.

*Training-School for Nurses.*—It is announced that a training-school for nurses will open in the amphitheatre of the Cincinnati College of Medicine and Surgery on March 26, to continue six weeks. There will be lectures, chiefly by the professors of the Cincinnati College, on medical and surgical nursing, nursing of contagious diseases, in the lying-in room, of infants, and on hygiene, dietetics, physiology, anatomy, and chemistry.

Of course the instruction will be, for the most part, didactic.

Within the last two weeks the wives of three of our well-known physicians—*i.e.*, Dr. W. W. Dawson, Dr. Jas. T. Whittaker, and Dr. Geo. E. Walton—have died. Mrs. Dawson had been an invalid for some years; but the other two deaths were quite sudden and unexpected.

There is a great deal of sickness in the city now, as might have been anticipated from the damp condition resulting from the recent high water. The diseases are for the most part acute affections of the respiratory tract and lower bowel, and continued fevers distinctively malarial in origin.

One of our prominent dailies, in a recent Sunday editorial, defended fashionable women in their taking preventive measures against child-bearing. The editor thought that there were too many people, and that the women were right in adopting methods (he suggested continence) to prevent their too rapid increase.

A. B. T.

March 21, 1883.

#### CHICAGO.

FOR several months it has been rumored that the faculty of our College of Physicians and Surgeons were not agreeing very well, and that it was not exactly smooth sailing for certain members.

The college was organized October, 1881, it is said in the interests of a higher and more systematic and thorough course of medical education than could be obtained in ordinary medical colleges. The faculty was appointed for one year, to be reappointed at the expiration of the first year. The board of directors held the meeting for re-election of the faculty March 17, and, much to the surprise of those not of the board, four of the faculty were dropped: Dr. Carpenter, of the chair of Practice of Medicine; Dr. French, Surgical Anatomy; Dr. McCoy, Medical Chemistry; and Dr. Jenks, Surgical Diseases of the Genito-Urinary System. Some of the gentlemen who failed of a second election assert that they have not been frankly dealt with, and that more than one of their number gave up a lucrative practice elsewhere to accept the appointment, and that as the matter stands they are not only at great pecuniary loss, but unjustly embarrassed in their relations to the profession. The directors claim that they have acted upon a plan understood at the time of organization, and that each vote was cast upon a series of questions,—*viz.*: "Is he a capable and systematic teacher?" "Are his moral character and habits such as would reflect credit upon an educational institution?" "Is he honorable and trustworthy in his treatment of and dealings with his colleagues?" "Is he in accord with the general policy of the school, especially in its requirements for

the admission and graduation of students, and its graded system of instruction?"

Investigation into the affairs of our County Hospital has assumed quite a different phase. It now appears that the charges preferred against the warden and others have never had any foundation in fact, but were the result of a conspiracy on the part of one of the commissioners. The grand jury, now in session, have found an indictment against Commissioner Albright, and the imbroglio will again be aired in the courts.

Pneumonia has been unusually prevalent, probably in consequence of the trying character of the weather and the presence of malaria.

The graduation exercises of the Chicago Medical College took place to-day at the Grand Opera-House, forty gentlemen receiving the M.D. degree; the banquet in the evening was largely attended, and a good time was enjoyed by those present.

The erection of a morgue is likely to be delayed for some time longer, much to the distaste of our Health Commissioner.

March 27, 1883.

#### CORRESPONDENCE.

##### LONDON LETTER.

AFTER a long spell of rain, the sun has at last established itself as an obvious fact, and a half-drowned country is drying up. After this winter the cloud of agricultural depression will settle down closer than ever. Farmers are going bankrupt, and landowners are finding that Tom Carlyle's dictum that "the easiest of all trades is the owning of land" may be true, but that, at present, owning land is not free from care. Of course, of old, bad crops made a dear loaf; but now the great West is opening up, and the English farmer is deprived of the consolation of high prices for a small harvest. But I forget: this is not an essay on the prospects of agriculture, but a letter to a medical journal. The weather has been a test for all livers which are not in first-rate working order; and that means a very large proportion of our population. Sudden oscillations of temperature and barometric pressure, often repeated, have affected the huge gland. Of course its circulation has varied with these oscillations, and perhaps other disturbances have occurred. Anyhow, a few days of a southwest wind, a high temperature, and a damp atmosphere (all combined), and then a sudden wheel of the wind into the northeast, with a lower temperature for a day or so, and then back into the moist southwest for a few days,—such have been the sudden changes which have disturbed the working of the liver and caused what is termed in fashionable circles "bilious chills." Dr.

Wickham Legg, in his learned treatise on the liver, casts scornful doubts on these same "bilious chills;" but even his erudition cannot overthrow what are clinical facts. If a patient has feelings of malaise with panphobia, irritability with depression, a tongue with a yellow fur on it, it is pretty certain that his liver is "out of order," even if he have neither disordered stools nor lithates in his urine. Certain it is, too, that hepatic stimulants do good to such sufferers. How can one, then, escape the conviction that the liver is at fault? The liver has been regarded as an important viscus since the dawn of medicine; recent investigations into its functions have not tended to lessen its importance. Nor does the pace at which we live nowadays improve matters. The exotics of the social fabric alone had "livers" in the days of old. Busy working-people knew nothing of the possession of such viscus, unless it was after those periodical surfeits to which the Anglo-Saxon has ever been weakly partial, unless he is greatly belied. Consequently, amidst all the financial gloom, the doctor has been busy, and perhaps the pill-vender has flourished, though possibly the undertaker has not been excessively active. Liver maladies are not usually fatal, fortunately for the profession; and we take up sanitation, hygiene, and prophylaxis as earnestly as we like, without much prospect of starving for our pains. The public looks on and chuckles at our unselfish industry, and perhaps entertains some hopes that the doctor's bill is going to be a relic of the past, and nothing more! But this pleasing vision will never be realized. Weakly children are being raised by means of malt-extracts, cod-liver oil, and other modern measures, to become in turn the parents of weaker children.

Add to the constitutional feebleness the demands of making a living, and then the necessity for pepsin and pancreatic preparations is apparent enough. Artificial digestive agents are becoming a part of the necessaries of life, and will ere long, it is to be feared, be handed around after meals as regularly as the conventional cup of coffee itself. Help the stomach! Certainly; why not? But how about the liver? Its work cannot be done for it; and when it becomes disturbed, and, instead of elaborating albuminoids into serum albumen for the liquor sanguinis to carry to the tissues, breaks them down into bile-acids or urine solids, what has to be done? Why, of course, put the patient on readily-digestible food, not too rich in azotized matter! Certainly; but who ever yet knew the patient like farinaceous food, when that food seems particularly indicated? "I don't like starch," the individual exclaims, with a look as if some disagreeable object had forced itself upon the consciousness. Very likely not; but it is no use speaking disrespectfully of the staff of life. The body-fuel is "animal

starch," and that is derived from vegetable starch. Besides, it need not necessarily be prepared so as to suggest the laundress. Farina can be prepared in various ways, and is readily mixed with condiments. Farina-eaters we are going to be, if things go on. In a little time a meat-eater will be looked upon as a prodigy, and the pig will only be cultivated for lard, which will be mixed with his pancreatic secretions, and for his pepsin. The rest of him will go to feed other pigs. But suppose that the digestion of the pig should fail, where will mankind be then? Well, mankind will be putting its affairs in order, and preparing for the last suit, a coffin. It will be high time for it to depart! Despite the elegant preparations which come over the Atlantic in such profusion that the English manufacturing chemist is beginning to think that his time has come at least, if some other persons may linger on awhile, the race for life, the emulous competition which inspires us all, is telling unmistakably. There is not only the "overworked man," who is propped up until a long holiday once more endows him with vigor; there is the "hard-worked man," who likes work and enjoys it, but who has neither the spare time nor the spare energy for battling with illness. Every particle of his energy is consumed in his work: how can he afford to be ill? Certainly, his remark is a very reasonable one, but then he is liable to be affected by slight exciting causes. His resistive power is small; his recuperative power is less. When he is ill, how long does it take him to get well? A pretty long time. He is not like the typical country squire, who toils to get an appetite and a sound night's rest, and who has lots of spare energy to throw off illness, and who revels in convalescence. With him illness is a recreation,—"something to occupy him," in fact. Not so "the hard-worked man," now so frequently met with. He may indulge in the syrup of the hypophosphites or swallow pills of free phosphorus, but his nervous system does not rally very readily. If he will take a holiday, which he will not do unless absolutely compelled, he is soon well; but while continuing at work, how can he rally? This is an aspect of the modern patient which is forcing itself upon one's attention more and more every year that rolls past. Our armamentarium of remedies is as full as the Queen's arsenal; but, nevertheless, rapid cures are growing less and less attainable, amidst city populations at least. More skilful methods of attack are being required, and meet with moderate success. The old-fashioned quinine and iron is inoperative with a large number. The tincture of steel of the past could not be assimilated, unless by a cowherd, and he has disappeared; fences have done away with him. Medicines appropriate to him are following him fast. Dialyzed iron has taken the place of the

standard remedy of the past. An infant could secrete its own diastase up to a recent period, but the parotid gland is feeling the palsyng hand of the nervous exhaustion which is settling down upon an overwrought people. The Jew is no longer conspicuous for the feebleness of his digestive organs. Gentiles are going his way. Thought is embarrassing the assimilative processes. Are we to think ourselves off the face of the earth?

School-boards, education, intellectual culture, are all in league to put down the belly. The pig has to lend us the requisites to digest our food. A pretty pickle we are in, clearly. The swine fed our remote ancestors; now he has to do the work of digestion for us, at least so far as primary digestion goes. But he can do nothing for the liver. Perhaps not; but, the chemist says, be of good cheer. *Ipecacuanha* is a fine old remedy of well-established reputation for a long time. Then he offers euonymin, iridin, baptisin,—all hepatic stimulants; while the House of Guelph rests calmly confident in sulphate of soda. George IV. lived fast, but he was not always young. We habitually regard him as a youth, or at least only of middle age. Yet he held on till his age was sixty-eight, and then his heart succumbed to gouty changes. Great is the utility of sulphate of soda, albeit its taste is not attractive. If such vigor be displayed by an old race,—and the recent advent of prince-lings augurs well for the future continuance of the Guelphs,—something has been done, and is being done, for the liver. Perhaps the Guelphs were rather poor when they first came to England; but they have always had enough to eat for a good many centuries. The failure of the digestive viscera from generations of good living does not find any illustrations in them. Perhaps their viscera have grown accustomed to a liberal dietary. Not that they have invariably been given to good living, for George III. was very sparing in his food, if he was impressed with his prerogative and unwisely determined in the matter of the revolted colonies. But betwixt persons who can spend a large portion of their time in the open air and the city toiler, condemned to long hours in a badly-ventilated room, while the outside air is none of the freshest, there is no comparison. The city toiler easily gets down, but then he does not easily get up. It is easy to drop, but it is a long, toilsome climb to get up again, handicapped as he is by the demands upon him. His recovery is retarded; nor is it easy to see how it is to be expedited. If he could be sent to bed for a few days' rest, as he would be if he sprained his ankle, then all might be well for him; but he still lives under the impression that he "can fight it off," as his forefathers used to do when any physical trouble overtook them. Certainly they could, in a leisurely age when ships were slow sailers,

when distances were comparatively great, and there was neither steam nor any electric telegraph. That last it is which is the doctor's great friend. All day long there is the telegraph-boy with his sharp summons and the emotion which is inseparable from the nature of the message sent. When a man only got his letters in the morning he was pretty safe from surprises for the rest of the day; but with the telegraph he has no remission from anxiety, and is on tenter-hooks all day long. The fluctuations of the Bourse at Paris or Berlin are quickly made known to him, and even the variations in beeswax. What chance have the assimilative organs, so intimately related with the emotions, of preserving their even way amidst such tumult and disturbance? All the hepatic stimulants, old and new, cannot keep the liver straight amidst all the emotion which is perpetually passing over it. What hepatic measures Dr. Andrew Clark prescribed for our Premier when he went on his restorative holiday, and from which he has returned with a new store of energy, are unknown to me. One thing is pretty certain: he was not dosed with chloral. Sleeplessness adds greatly to the hard-worked man's troubles. Above all things, he must have "a good night" in order to feel equal to his work next day; and too often he does not get it. He does not like to consult his doctor; he does not wish to be thought nervous: so he invests in some chloral, "the safe sleep-bringer," as it was called before its bad qualities were suspected, and doses himself. Perhaps he succeeds, perhaps he does not; but the effects of the chloral are felt in the liver, and they are not invigorating. The disturbance of the day is followed by the toxic effects of the night-draught, and the poor brain-toiler has his assimilative organs more thoroughly upset than before. What is to be done with such a man? His motives are excellent, his conduct very praiseworthy from every point of view but the doctor's; and from his stand-point the whole thing is rank folly. Maybe; but business people are bent on other matters than what the doctor thinks. They think about him when the mischief has been done, not when it is being done. When convinced that it is high time something must be done, the man wends his way to the physician's consulting-room and gets some advice, which he probably takes. Perhaps it is a long voyage, involving the time he has saved by long overwork; and that is disagreeable. The work has been done, and the expensive voyage, with the loss of time, is the actual reward. The work has been thrown away, that is all. Or maybe a briefer holiday will suffice; but all the same, a big holiday or a little one, there is so much time lost, which has to be regained. Stop, my good-intentioned acquaintance. "Regained!" For another spell of overwork, to be followed by a more complete break-down. Is that your design? Your in-

tentions may be excellent, but the doctor will tell you that you are meditating another piece of double-distilled folly. That is not feasible, if you please. You must reconcile yourself to the inevitable. Nature has placed bounds to your aspirations; your assimilative organs are not equal to the efforts you meditate. You can only lift five hundred pounds, and will do well not to strain yourself by trying in vain to lift eight hundred. Other men do it, you may exclaim. Yes, perhaps they can; but you cannot; and you only injure yourself in trying to do what is impossible. Very hard! Possibly. There are many things which might be improved in this imperfect world. But we will have to accommodate ourselves to the world: we cannot alter it. So in the striving, hurrying age men wear themselves out faster and on a larger scale than ever. We want to be at thirty where our fathers were at sixty. But it may be questioned not only how far this can be done, but how far it may be attempted with impunity. The demands of modern life are not only bringing new diseases,—as general paralysis, for instance,—but they are lending new aspects to old familiar maladies. We see biliousness in the new aspect of a more chronic condition, neither so easily treated nor so readily cured as it used to be. A blue pill and a black draught sufficed for our ancestors; but the overworked, or even hard-worked, man of to-day is not a desirable subject for the exhibition of mercury. Even those who do not tread in the footsteps of the late Prof. John Hughes Bennett, who regarded mercury as a poison, and nothing more, will have some qualms of conscience about prescribing mercury in any form to a hard-working man, unless, perhaps, when he is the victim of specific disease. So it is not well to give calomel; and we fall back on less fashionable hepatic stimulants; and the patient slowly and by degrees climbs up again to what is his normal state of health, be the same high or low. This aspect of the subject is one which must be recognized ere long and taken into the calculations of both medical man and patient. The former must be prepared to expect an intractable malady, while the patient must resign himself with what resolution he may have to a slow, protracted recovery. Of course there is the alternative of a brief but complete holiday. It lies largely with the patient whether he will abandon work for a time entirely, or will prefer to work half-time and distribute his convalescence over a longer period. In the latter case he must make up his mind to a considerable period of small results, with much sense of fatigue in getting through the small amount really accomplished. Whatever plan be adopted, it has its drawbacks. What we, as physicians, have to do is to realize that a hard-worked man is an unsatisfactory patient.

J. MILNER FOTHERGILL.

## PROCEEDINGS OF SOCIETIES.

### PHILADELPHIA COUNTY MEDICAL SOCIETY.

A CONVERSATIONAL meeting of the Society was held at the hall of the Society, February 28, 1883.

Dr. Elliott Richardson read a paper on "The Use of the Obstetric Forceps" (see page 460).

#### DISCUSSION ON THE USE OF THE OBSTETRIC FORCEPS.

The President stated that discussion of the following points was especially desired:

1st. That the forceps may be applied at any part of the parturient canal.

2d. That the application of the forceps within the incompletely dilated os uteri is a dangerous operation, to be decided upon with hesitation and conducted with the utmost prudence and caution.

3d. That the application of the forceps at any part of the parturient canal always involves a certain amount of risk to the life or health of the woman: therefore,

4th. That the forceps should only be used with a view of saving either mother or child from some apparent risk of injury greater than any likely to occur from the use of the forceps.

Dr. William H. Parish said that the views advanced in the paper are entirely sound. He would have preferred, however, more advice as to the method of preventing and treating the accidents that follow the mal-use of the forceps. All obstetricians are now agreed that the forceps can be applied with propriety to any part of the parturient canal, with, however, different degrees of risk in different portions of that canal. Their application above the pelvic brim is, in some measure, a capital operation; not that it is so difficult to perform, but it is difficult to deliver successfully. It is rare in such emergencies to find the head placed so that it can be easily grasped, as the occasion for the intra-uterine application of the forceps does not ordinarily arise until the labor has continued some time, and some malposition or resistance has prevented the head being driven forward, and it will most likely be found improperly flexed or even somewhat extended. We will be apt to find it in the occipito-mental or occipito-frontal position (the longest two). The forceps seize the head at a disadvantage, and either slip or compress it badly. The head also in these cases may be found overflexed; even the back of the neck may present. He had applied the forceps above the brim, but thinks it generally inadvisable, and has in some cases used version with better effect.

In the application of the forceps in cases of undilated os, the difficulties and dangers depend on whether it is dilatable or not. It

may be easily dilatable, and, by slowly and interruptedly delivering, we may dilate the os without danger; but when a tetanic spasm or a cancerous or cicatricial change exists, we may have great difficulty. In such cases we should use some means of softening the tissue, among which hot water, anodynes, and anæsthetics may be mentioned.

In reference to tears being caused by forceps delivery, much depends on the position of the head. A long labor, without instrumental interference, may cause injury. A labor may be shortened sometimes with advantage to the patient, or the forceps may be used to restrain the advance of the head. In primiparæ it is better not to make traction during a pain.

Dr. William T. Taylor agreed with the paper in most respects. The forceps are not only a great blessing to parturient women, but have saved the lives of many thousand babes, whilst they have been greatly abused and have done much injury. They may be applied to any part of the parturient canal, but above the superior strait their application is more difficult; yet when the head is brought below this part it is better to remove them and allow nature to work awhile.

He disagreed with Dr. Richardson's statement that the forceps should never be used unless serious injury to mother or child is likely to result if the case is left to nature. He said the physician's duty was to relieve the suffering mother and shorten her labor when it can be safely done. Labors occurred occasionally in which every condition was normal, yet the uterus would require an hour or more to accomplish unaided what the forceps would complete in a few minutes; and why should we stand idly by and let nature struggle alone?

Dr. Frank Woodbury said that, approaching the subject from the stand-point of the general practitioner rather than that of one claiming special skill or experience, he could say that the arguments of the paper commended themselves to his judgment as being both rational and safe. The subject of the use of the obstetric forceps was one which could not be exhaustively considered in a paper of the limits required; some points were therefore left to be brought out in the discussion. He cited a case in which a resort to the forceps was thought to be necessary, the head being immovable upon the perineum, and the pains having ceased for several hours. The introduction of a catheter into the bladder led to the discharge of a couple of pints of urine, and the case then at once progressed to rapid delivery. Although generally known, he thought it no harm to reiterate this fact, that the introduction of the catheter should be practised, as the rule, prior to the application of the forceps. In some cases it will render their aid unnecessary. In other cases, where the delay is in the first

stage of labor, and where an impatient or inexperienced attendant might think the introduction of the forceps into the uterus justified, a large hot-water injection into the rectum will sometimes cause relaxation of a rigid os and be followed by an easy labor. It may be that a full dose of chloral will be efficient should the injection not be available. A third point that occurred to him during the reading of the paper was that when it is necessary to apply the forceps above the brim of the pelvis it is a good rule to take them off after the head is in the canal, in order to reapply them, if necessary, after rotation has occurred.

With regard to the several varieties of forceps, great differences are observed in their powers to do injury. Some are clumsy, murderous weapons, others so delicate as to be mere toys. A happy medium in size and weight is generally preferred at the present day, having the double-curved blades adapted so as to fit upon the sides of the child's head as snugly as possible. It was hardly necessary to state that they should never be applied to any presenting part other than the head, and then only in a real emergency.

Dr. Mills said it is well known that in many cases of arrested cerebral development, idiocy, etc., we have as a cause not hereditary or foetal defects, but accidents of parturition. A case illustrating this point came recently to the University Hospital. A history of a difficult labor was given, the child's head showing the marks of the forceps. Shortly after birth the child had spasmodic seizures, evidently due to compression of the skull in the motor region of the brain. Any causes acting strongly on the child's head or on the brain may have a tendency to arrest the development of the ganglion cells in the cerebral cortex. The forceps improperly applied may produce localized changes, giving rise to peculiar spasms, palsies, etc. Imperfection in motor, sensory, or mental functions was especially frequent in children born apparently lifeless and resuscitated with difficulty.

Dr. Goodell said he assented to all the points advanced in the paper. The older he gets, the more conservative he becomes in the use of the forceps. He agreed with Baudelocque and Hunter that in the aggregate the forceps had done more harm than good. Men of large experience and special skill may be capable of using them, but many practitioners use them recklessly. They are often applied, he feared, more for the sake of the physician than for that of the woman. He cited a case in which a physician of large obstetric practice, now deceased, had ended a labor by forceps delivery merely to enable himself to be in time for a reed-bird supper, and "reed-birds for supper" had become a by-word among many of his professional acquaintance for an application of the forceps

April 7, 1883]

Medical Times Advertiser.

# NOVELTIES IN MEDICINE & THERAPEUTICAL REFORM

## JENNERINE.

(A Sure Preventive and Cure for Small-Pox.)

Jenner made his great discovery of Vaccine in the year 1798. An ancestor of the discoverer of Jennerine, contemporary with Jenner, appreciating the value of the discovery, and at the same time the opposition which would be made to its application in future years, owing to the possibility of inoculating the human subject not only with the vaccine virus, but with the other humors of the system, as well as the mental peculiarities which were liable to accompany such inoculation, decided upon a course which would obviate such danger, and at the same time render the vaccine virus effective not only as a preventive and curative agent in small-pox, but also as an assistant in bettering the characteristic moral, mental, and physical features of the human race. Recognizing, then, the value of the pure autoseptic blue blood of the English race, as well as a similar strain in cattle, Vaccine Virus was obtained as a result of spontaneous production in a blooded cow of long pedigree. By the special permission of a member of the royal family of England, his arm was inoculated with this virus, and from him the virus was carried to other members of the royal family, and of the nobility of England from generation to generation, under the supervision of the ancestors of the inventor of Jennerine, until the virus which we have has so increased in power and effectiveness, and also brings with it so much of the mental, moral, and physical attributes of the blue-blooded families, that it has been decided in this, the latter part of the nineteenth century, to place this great discovery before the public. Limited space here forbids our amplifying upon the subject. We can only say that the intense vitality of this vaccine, as a result of its transmission through the blue blood of man and kind of pure, enables us to prepare a preparation in powdered form which will preserve its intensity for all time. It may also, by a process also invented by the same person, be transmitted by electricity over many miles of wire, so that patients may be inoculated in the neighboring countries or States to the residence of the physician.

Those interested in the subject will please send for special circular. The name Jennerine, as applicable to this wonderful discovery, will be covered by a trade-mark, in order to protect the medical profession from imitations which are sure to follow.

## PASTEURINE.

Taking up the subject of investigations pursued by the great Pasteur as the place where that servant left off, we have conducted the investigation further towards a practical result in the treatment of disease rather than towards the establishment of any theories as to the cause thereof. Taking into consideration, in the question, that all diseases are more or less due to the effect or presence of Bacteria, our objective point has been to invent a compound which will efficiently destroy these morbid and deadly agents. Years of careful study on our part and the exhaustion of all published literature upon the subject have led us as usual to a successful issue. We now offer Pasteurine as one of the greatest discoveries of the age. The formula of this compound, in accordance with our usual rules in this respect, is afforded as follows:

Nitrogen, one volume.  
Carbonic Acid Gas, pure, anhydrous, two volumes.  
Permanganate Potash, two parts by weight.  
Pure Oxygen, without admixture, one volume.  
Pure Carbon in Crystalline form, one part by weight.

These ingredients should be carefully mixed in an air-tight receptacle of pure platinum of a capacity of five gallons. The mixture should be gently boiled, and the resulting product, a liquid of extreme density and oily consistency, is dissolved in a strong solution of Nitro-Muriatic Acid, the proportion being one part of the liquid by weight to ten parts of the acid. With this result are then admixed the active principles of Eucalyptus Globulus, Carbolic Acid, Nitrate of Silver, dissolved in a menstrum of highly concentrated Sulphuric Ether in the proportion of one part of each ingredient to five parts of the ether. The whole compound is then mixed in a platinum vessel and allowed to precipitate, when the clear liquid is decanted for sale. Further particulars given in circular form.

The name Pasteurine is protected by trade-mark, as it is our invention, and other dealers are warned not to infringe upon our rights. Put up in bottles of one pound. Prices afforded on application.

## CONSUMPTINE.

Physicians have always disputed among themselves, and probably always will differ, as to the cause and treatment of this disease. Throwing aside all questions of etiology, we have aimed our efforts as the solving of the question as to whether consumption can be cured, and, if so, how. We answer this question in the affirmative, and offer Consumptine as the agent. As a basis for our operations it has been assumed that consumption was due to a gradual wasting of the tissues of the body, with especial reference to the loss of carbon and albumen through the lungs. We propose to restore the carbon to the body in the form of the well-known agent Cod-Liver Oil, and the albumen by means of the albumen of the ostrich egg, which latter we collect in the process of raising our ostriches. Cod-Liver Oil per se has not been very effective, as it has been demonstrated that it must be modified by being perfectly dissolved, not admixed, with water, otherwise the least delicate stomach will reject it, and its nourishing effect be lost. To form this combination has been the greatest difficulty which we have had to overcome, but we have at last succeeded, and offer a preparation which might be more scientifically designated as HYDRO-OLEO-PROTEIN, meaning a chemical combination of water, oil, and albumen. A difficulty we have experienced, too, has been to keep our albumen in liquid form and avoid the tendency to decomposition without destroying its nourishing efficiency. We are aware that the above results have never yet been achieved by chemical scientists, and for that reason believe that the medical profession will hail with admiration the result of our midnight work. Consumptine contains in every 100 parts of the finished product 65 parts Cod-Liver Oil pure, specially manufactured for us from fresh cod livers, 40 parts of distilled water, and 35 parts of the albumen of the ostrich egg. Put up in bottles of one pound each. Prices given on application.

The name Consumptine will be covered by trade-mark to protect the medical profession from the action of counterfeiting parties.

\*Note.—To those who might object to our non-acceptance of international law, we say that the trademark "Inc" affixed to the name of a plant indicates the active principle thereof, and therefore Jennerine would indicate the active principle of Jenner, Pasteurine the active principle of Pasteur, and Consumptine the active principle of Consumption, we would say,—the custom of specifying authors warrants us in so doing, science to the contrary notwithstanding.

All communications should be addressed to the

NINETEENTH CENTURY THERAPEUTICAL COMPANY,

Please refer to advertising page 14.

# BOUDAULT'S PEPSINE.

The only Pepsine used in the Hospitals of Paris for the last 30 years.

Unlike the various substitutes which, in some cases, are but unscientific or incompatible compounds, forced upon the Medical Profession as aids to digestion by extensive advertising, but which, when submitted to the proper tests, are found to be almost useless as digestive agents, Pepsine is constantly gaining in the esteem of the careful practitioner.

Since the introduction of Pepsine by Boudault and Corvisart in 1854, the original BOUDAULT'S PEPSINE HAS BEEN AT ALL TIMES CONSIDERED THE BEST, as is attested by the awards it has received at the Expositions of 1867, 1868, 1872, 1873, in 1876 at the Centennial Exposition of Philadelphia, and in 1878 at the Paris Exposition.

The most reliable tests, carefully applied, will satisfy every one that BOUDAULT'S PEPSINE HAS A MUCH HIGHER DIGESTIVE POWER than the best Pepsines now before the Profession, and is therefore especially worthy of their attention.

With a view of bringing this important remedy within the reach of all, *the price has been materially reduced.* It is now not only the best, but comparatively the cheapest.

In answer to frequent calls, another preparation is now offered,

## BOUDAULT'S SACCHARATED PEPSINE,

having the same high digestive power as the amylaceous; it will be sent only when specified.

*Boudault's Pepsine* is sold in bottles of 1 ounce, with a measure containing exactly 5 grains; also in bottles of 4, 8, and 16 ounces for dispensing.

*Boudault's Saccharated Pepsine* is sold in bottles of 1, 4, 8, and 16 ounces for dispensing.

Besides Boudault's Pepsine in powder, we offer also

## BOUDAULT'S WINE OF PEPSINE.

In this preparation the taste of Pepsine being perfectly disguised, it may be recommended to persons who have difficulty in taking Pepsine in the form of powder.

## DR. RABUTEAU'S

(Laureate of the Institute of France)

## DRAGEES, ELIXIR, AND SYRUP OF IRON.

"The experiments made in the hospitals of Paris have demonstrated that *Dr. Rabuteau's Dragees, Elixir, and Syrup* regenerate the red globules of the blood with a rapidity never observed with the use of the other ferruginous preparations. These results have been proved by the various *Compt-Globules*.

"The ferruginous preparations of *Dr. Rabuteau* do not cause any constipation, and are perfectly tolerated by the weakest persons."—*Gazette des Hôpitaux*.

*Dr. Rabuteau's Elixir* is prescribed when some difficulty is experienced in swallowing the Dragees; it is especially adapted to weak persons whose digestive functions need strengthening or stimulating.

*Dr. Rabuteau's Syrup* is especially prepared for children, who take it readily because of its agreeable taste.

A sample of Rabuteau's Dragees will be sent free to any physician mentioning THE MEDICAL TIMES.

Prepared by CLIN & CO., Pharmacists, Paris. E. FOUGERA & CO., Agents for the United States.

## TANRET'S PELLETIERINE

FOR THE TREATMENT OF TAPE-WORM (TENIA SOLIUM).

This New Tœniacuge, the active alkaloid of Pomegranate Bark, has of late come into extensive use in France for the treatment of Tape-Worm (*Tœnia Solium*). The results of numerous experiments with it at the Marine Hospitals of Toulon, St. Mandrier, etc., and in the Hospitals of Paris, St. Antoine, La Charité, Necker, Beaujon, etc., have all been most satisfactory. Dr. Dujardin-Beaumetz, Member of the Academy of Medicine, and Prof. Laboulbène, in their report to the Society of Therapeutics, have given it their unqualified approval after the most searching experiments. This preparation is pleasant to administer, and, if certain preliminaries are observed, success will be insured. Pelletierine is prepared by

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## DUCRO'S ALIMENTARY ELIXIR.

A COMBINATION UNITING THE PROPERTIES OF

## ALCOHOLIC STIMULANTS AND RAW MEAT.

This preparation, which has been used with great success in the hospitals of Paris since 1868, is adapted to the treatment of all diseases requiring the administration, in a small volume, of a tonic able to stimulate and support the vital force, as *Pulmonary Phthisis, Depression and Nervous Debility, Adynamia, Malarious Cachexia, etc.*

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to economize the time of the physician. He referred also to another case in which the cervical uterine tissue was torn away with the forceps, inducing, of course, fatal results. In his experience many cases of lacerated cervixes and lacerated perineums are due to forceps operations. He had operated on three cases of lacerated perineum within two weeks, and will operate on another in the course of a few days. Three of these lacerations were complete, and all were due to forceps delivery. The main safeguard against such accidents is for young practitioners to remove the blades when the head is pressing on the perineum. It cannot be doubted, however, that in certain positions the forceps may act as a protection against laceration; as, for instance, in occipito-posterior position, or in anterior positions with too great flexion. He cited two instances in which deep lacerations had been produced by too rapid instrumental delivery. In an address some time ago before a county medical society, he had advanced conservative views in reference to the use of the forceps, and had been roughly handled by some of the members, who afterwards, from subsequent experience, were led to acknowledge to him the correctness of his position. He agreed fully with Dr. Mills in reference to the injury occasionally done to the head and brains of children by forcible compression with the forceps, especially when faultily applied. In using the forceps in difficult cases, we should proceed with deliberation, making traction for a short time; then either loosen the blades if we stay by the patient, or remove them and go away for a while. On returning, it will be found that the head has become moulded to the pelvic canal, and can be brought down still lower or delivered.

Dr. Goodell exhibited a pair of forceps with narrow blades, devised by Isaac Taylor, of New York, and intended to pass within the os uteri when still very small. Such insertions should not, as a rule, be made when the os is rigid *per se*, for that rigidity can very generally be overcome by means of hot-water injections, or the internal use of morphia, chloral, and chloroform. But when the pelvis is narrow the os often remains undilated because the head cannot descend low enough to bear on it. In these cases he used this narrow-bladed forceps to pull the head down on the os. He also showed a long-handled Davis forceps, with an arrangement, in craniotomy cases, for lashing the handles. In regard to Dr. Parish's allusion to the slipping of the forceps when applied to the head above the superior strait, Dr. Goodell said that this was due to the general practice of catching the head above the brim in its occipito-frontal diameter, which was a very insecure grip. To avoid this, he described the following method of introduction of the blades, by which they are applied to the sides of the child's head, and were then not liable to slip. If the occi-

put look directly to the left ilium—and this is the most common cephalic position in the simple flat pelvis—the woman is turned over on her back, and her coccyx made to project over the edge of the bed. The right (female) branch is first introduced in the right side of the pelvis, with the convex surface of its blade looking obliquely to the sacrum. By a rapid downward sweep and a spiral twist of its handle, together with upward pressure on the convex edge of its blade by the fingers in the vagina, it is rotated very nearly half of a circle over the forehead to the side of the child's head under the pubis. The left (male) branch is now so held at its lower convex edge by the tips of the fingers of the right hand that its handle hangs down. While held in this position, the blade is introduced, as far as it can be made to go, in the right side also of the pelvis, over the child's left temple, but under the shank of the female blade. The right hand is next carried to the still pendent handle, which it raises, and upon which it makes upward pressure. This movement, combined with a guiding pressure from the fingers of the left hand in the vagina, makes the blade glide up over the sacral side of the child's head. When the branches are united, the lock should press firmly on the tuberosity of the left ischium. Should the occiput look to the right ilium, the same general rules are to be observed. But now both blades are to be introduced in the *left* side of the pelvis,—the left (male) blade first, and under the pubis; the right (female) with its handle pendent. The lock should now press firmly on the tuberosity of the right ischium. When thus applied, the forceps act virtually as a straight instrument until the head has passed the brim and has begun to rotate anteriorly. This application of the forceps possesses the great merits of securing the firmest grip, and of compressing the head in its least vulnerable diameter.

Dr. William S. Stewart endorsed the sentiments expressed in the paper, but thought that the practitioner is often compelled to use the forceps by the general feeling among the laity that they can be used with safety and propriety. If the physician is disposed to allow the labor to continue without instrumental assistance, even if somewhat slow, the friends of the patient will be apt to make unfavorable criticisms. Such is the tendency of the practice of the present. It is best not to insert the forceps into the uterine cavity, but if it should become necessary we should see that the os is dilatable. For the purpose of assisting in dilating the os Dr. Stewart prefers belladonna: it is difficult to apply, but is very efficient. The forceps should be applied carefully; the blades should be kept in the line of the axis of the pelvis, and if so kept may be used without danger.

Dr. Baldwin referred to a form of forceps devised by Dr. J. A. McFerren. They were

hinged at the junction of the blade with the handles so that these two portions of the instrument could be flexed easily on each other. Dr. Baldwin said these forceps had helped him materially in several cases. He thought they had merit because with them one could draw strongly on the head without pressing directly on the perineum, the joint in the shank allowing the head to dip and take the natural course.

Dr. Addinell Hewson said that he had always been taught that obstetrics and surgery are the same department of medical science, and operative skill was as necessary in the former as in the latter. He had in his possession a pair of Smellie's original forceps, which had been the property of his grandfather, William Hunter's pupil. His own preceptor, Dr. Shekleton, of Dublin, usually applied the forceps early and with extraordinary skill, using a short pair, and placing the patient on the left side with the right thigh and leg strongly flexed. Anæsthetics were not then used in the Rotunda Hospital. Dr. Hewson has of late in his practice employed rapid breathing as an analgesic agent, with the greatest satisfaction,—the consciousness of the patient allowing her to furnish him every aid possible on her part and in accordance with his directions at the time.

Dr. Richardson, in closing the discussion, said that the limits of his paper, read this evening, had not permitted him to consider many of the points brought out in the discussion, nor did time allow of more than an allusion to them now.

It is not possible to lay down absolute rules for the use of the forceps except in a very general way. They can be applied with entire safety by skilful operators. Some operators possess advantages from a higher development of the sense of touch.

#### NEW YORK ACADEMY OF MEDICINE.

A STATED meeting was held March 15, 1883, FORDYCE BARKER, M.D., LL.D., President, in the chair.

Dr. F. R. STURGIS read the paper of the evening, entitled "*The Regulation and Re-pression of Prostitution.*"

The problem was one which had long been agitated, but was still far from satisfactory solution,—a fact which was not to be wondered at when the vastness of the subject, and all the factors entering thereinto, were taken into consideration. He would consider the subject under three headings: first, the causes of prostitution; second, the necessity of regulating the evil; and third, the results obtained by legislative action in this direction.

The causes were various, and before taking up that point he referred to the definition of the term, and said it was generally accepted to mean a woman who uses her body for the

purpose of deriving an income therefrom, but if it were taken simply in such a restricted sense it would exclude a large number of women who are really prostitutes in all except in name, and who are a most dangerous element in the community.

The statistics concerning the subject on this side of the water were extremely meagre, as it was one which had practically been tabooed, and which was never mentioned except with 'bated breath. The only American work which made any pretence towards giving statistics was that of Sanger, and it was to this that he was indebted largely for certain facts stated in his paper. There was one fact apparent from the statistics of the three nations, France, England, and America,—namely, that for the existence of the evil man was most culpable, indeed, was the prime agent; and this was an important point when we came to consider the question of regulation. In order to make regulation anything like effective, those who were found diseased in the male sex should be restricted as well also as were those of the opposite sex; but it must be acknowledged that this was a matter almost impossible of practical execution.

Probably the next most potent factor among the causes after that of misplaced affection was the love of dress. Another was that of the absence of proper home influence, from death of the mother or drunkenness on the part of the parents, or from crowding in tenement-houses. Another cause, particularly among the so-called higher classes, was a desire for luxury. His own observation and that of his professional brethren went to show that syphilis among the well-to-do classes was increasing every day.

An attempt at regulation had been made in some of the cities of this country, among others St. Louis. About 1869 St. Louis passed a law for the regulation of prostitution, and, from information which he had obtained, it seemed to have worked fairly well, but the opposition to it among the laity was so strong that the plan had to be abandoned. The arguments brought to bear against it were, in the first place, that it was absolutely wrong to recognize and therefore to attempt to regulate any such vice; that it was giving an air of respectability to an evil which had better be kept out of sight; that if it was so bad as represented it would soon reach a culminating point and regulate itself; that in the vast number of cases the regulation of the evil had not been attended with as favorable results as had been expected.

With regard to the evil as it existed in New York, he estimated, from the Parisian statistics and those given by Sanger, that there were in New York to-day about eleven thousand women who were either public prostitutes or clandestine women. It was estimated that the number of persons in the city treated annually for venereal diseases, in both private and

public practice, was about sixty thousand, of which number probably forty-five thousand suffered from syphilis in some of its manifestations. It was also an important fact to be borne in mind that it was not the women who had plied their vocation for years who were most likely to communicate syphilis in its active forms, but rather the younger women, who had the beauty and attractions of youth and were therefore patronized by the well-to-do classes. Syphilis, again, often existed without the knowledge of the patient, and was therefore more likely to be transferred than the other forms of venereal disease, which presented more acute symptoms and forced themselves upon the recognition of the one affected.

Regulation had been attempted in different countries for many years. Napoleon the First subjected all public women to more or less strict police and sanitary supervision, for the purpose of controlling venereal disease in his army, and some form of regulation had existed in France almost or quite continuously since. England attempted to regulate the evil by passing the Contagious Diseases Act in 1866, and, although it met with considerable opposition, it had been shown that the disease had spread less since than it had done before its passage, particularly so among the public yards and the army, where control was had over both the men and the women. But it was a fact which should not be forgotten that where women were compelled to inscribe and submit to examination, the number of the clandestine class increased even beyond proportion. The author did not believe that public opinion in this country was prepared to accept any such legislation on the subject. There was a natural repugnance to recognizing the evil, to restricting the liberty of individuals from doing what they pleased with their own person, and, therefore, to making women undergo examination involuntarily. He thought that in this country the only hope of restricting the spread of venereal diseases at the present time would be limited to the lower classes of the population, who might, on entering a hospital for treatment, be compelled to remain there until they shall have passed the period of possibility of infecting others. Whatever was done should, at any rate, be done in a strictly business-like way, without allowing sentimentalism to enter into the question in the least degree. While he considered repression as an impossibility, he was of opinion that efforts at regulation rightly directed would prove efficacious and could be successfully carried out, and would prove of decided benefit in limiting the spread of syphilis and the other venereal diseases. Dr. Sturgis then read from the rules, approved at the International Statistical Congress, which met at St. Petersburg in 1872, for the prevention of the spread of venereal disease.

THE PRESIDENT remarked that it had al-

ways seemed to him a great mistake frequently made in legislation of passing laws which were not sustained by public opinion or which were in advance of public opinion; that the influence of such laws was injurious and demoralizing, leading to a contempt of and disregard for law. As there was also a legal aspect to the question under consideration, he had invited Judge John R. Brady, of the Supreme Court, to be present and to participate in the discussion.

Judge BRADY said that since the act of Parliament, already referred to, was passed, many articles relating to the subject of the regulation of prostitution had been written, and there was one fact noticeable in each case, that the authors had come to no definite conclusion. He was of the impression that the suggestion made by Dr. Sturgis, of restraining all patients suffering from venereal disease within the hospital until the danger of contagion no longer existed, if carried out, would do much towards the protection of the public health in this regard. The judiciary of the country had always been arrayed against the recognition of prostitution in any form. Just here he would take issue with Dr. Sturgis, and say that a woman had not absolute control over her own person; that if it could be shown that she had no other means of making a living she could be arrested as a vagrant and sent to prison. A great difficulty in the way of regulating the evil was met with in the fact that when driven from one street these women would migrate to another. This was particularly true of clandestine women, regarding whom it would be very difficult to enforce any legislative act successfully. Popular prejudice is so strongly arrayed against the recognition of prostitution in any form that he doubted very much whether at the present time our legislators could be induced to interfere in the matter. Whatever should be done he believed must come through the influence of the medical profession. If we desired to accomplish the object in view, namely, the preservation of the public health with reference to prostitution, it was absolutely necessary that we should put our shoulders to the wheel, and ultimately our moral influence might prevail with the community, and lead them to favor such plans as might be suggested in the way of legislation.

The Secretary read a letter from Dr. GIRON, of the United States Navy, regretting his inability to be present at the meeting on account of severe sickness in his family, and also stating it as his belief that whatever good should come in the way of regulating prostitution and preventing the spread of venereal diseases must come through the labors and influence of the medical profession. He believed that when a physician was treating a young man for venereal disease when he was about to become married, and who contrary to advice insisted upon consummating the nuptial tie, he should be privileged in

the sight of the law to inform the young lady of the danger, and thus prevent the transmission of so serious an affection as syphilis and all its attending consequences.

Dr. L. WEBER said that three methods had been resorted to in dealing with prostitution, —viz., first, to do nothing; second, repression, which had been attempted in Rome, Spain, Bavaria, and elsewhere, which in each instance, however, had been attended by disastrous results; third, the policy of recognition and forcible regulation, which also, as had been proved by statistical evidence, had failed to accomplish the object that its originators and promoters had in view. From a moral point of view the subject could not be broached with any hope of good results. From an intellectual point of view several things might be done with advantage. In the first place, syphilis should be recognized by physicians as a disease like any other disease, and not be looked upon with an air of condemnation, as some were in the habit of looking upon it. Again, it ought perhaps to be treated with a little more energy than many practitioners were in the habit of treating it. Third, he believed it would be well to have greater hospital facilities for the accommodation of syphilitic patients than existed in this city at the present time.

Dr. R. W. TAYLOR thought that the spread of venereal diseases was to be prevented chiefly by properly educating the medical profession itself to their appreciation and to their proper treatment, and in manufacturing sentiment against it. So far as gonorrhœa and chancroid were concerned, legislation could never stamp them out; they were even endemic in polite society.

The discussion was closed by Dr. STURGIS.

#### NEW YORK COUNTY MEDICAL SOCIETY.

STATED MEETING, MARCH 26, 1883.

Dr. DAVID WEBSTER, President, in the chair.

THE scientific paper of the evening, entitled "*Catarrhal Headaches and Allied Affections*," was read by Dr. R. C. BRANDEIS.

The author opened his remarks by the statement that there was no other class of diseases which offered so many differences with regard to types, conditions, differential diagnosis, and treatment, as did those grouped under the generic name of headache. Headache was met with not only in nervous affections, but in almost every other form of disease, as in fevers, disturbance of the digestive organs, and in divers inflammations of the head and adjacent parts, etc. It was not his intention to enter into the consideration of all the various types of headaches, but to call attention to those which in his opinion were due to the different diseases affecting the nasal and adjacent cavities. If the fact were borne

in mind that the nose had to perform a three-fold function, we could not but agree that a consideration of the relations which it bore to the system at large was of great importance.

Dr. Brandeis then spoke of the relation of the nose to smelling, breathing, and the voice, and gave a complete and graphic description of its gross anatomy, and the relation existing between its cavities and those of the frontal, sphenoidal, and ethmoidal bones of the skull in so far as it might have a bearing upon the consideration of the affections of which the paper treated.

Acute coryza was the first catarrhal affection to which he would call attention as sometimes being the cause of headache. On ocular inspection, the condition which was found to exist was that of a highly-congested state of the nasal mucous membrane; sometimes it was swollen to such a degree that it produced occlusion of the fossa, and the greater the obstruction which existed the greater was the sense of uneasiness about the forehead. This condition, however, generally lasted only during the first stage. As soon as mucus began to discharge, there was a general amelioration of the symptoms. The explanation of this fact was to be found in the communication existing between the frontal sinuses and the nasal cavity, which, becoming obstructed, did not allow of the escape of the secretions from the mucous membranes lining the two from taking place so long as such a condition of swelling and occlusion existed. In order to show the connection between acute coryza and frontal pain, a case was narrated in which, after an injection had been used, relieving the congestion and fullness in the nasal cavity, due to swelling of the mucous membrane, the tenderness over the forehead, the sense of constriction, and other symptoms entirely disappeared.

Chronic catarrhal rhinitis, when accompanied with hypertrophy of the mucous membrane, was also accompanied with more or less pain in the frontal region. He had known several cases of severe persistent headache, which had had all the changes of treatment rung upon them, and which only disappeared when the nasal cavity, the seat of chronic catarrh, had been restored to its normal condition. There could have been no doubt in these cases that the neuralgia and obstructed condition of the nasal fossa stood in the relation of cause and effect.

It had not only been demonstrated that the lymphatics of the nasal mucous membrane could be injected from the supra-orbital and the subarachnoidal spaces, but that, if sufficient force were used, fluid could be made to pass through the lymphatic canals to the surface of the mucous membrane. We thus saw that there must be a direct communication between the nasal and the cerebro-spinal cavities; and it was therefore just to assume that if these passages became obstructed

there might ensue pressure on the cerebro-spinal fluid. To this class the following case probably belonged: the patient had been suffering from continued headache, referable to the base of the brain and to the occiput, for some time. He was greatly emaciated,—suffered from insomnia, loss of appetite, and difficulty of respiration. He had been under the care of Dr. Jewel, of Chicago, who finally referred him to a head specialist. He came to New York; and Dr. Brandeis, on examining him, found that the posterior nasal space on both sides was filled with polypi. In the course of several weeks he removed a sufficient number of polypi to fill an ounce vial. The headache disappeared, the appetite returned, and he was able to sleep without the aid of narcotics.

Of all the cavities communicating with the nose, that of the antrum of Highmore was most liable to become the seat of inflammation and to give rise to the nervous symptoms under consideration. The cavity was of such size, and the foramen communicating with the nasal cavity was situated so far above its most dependent portion, that during inflammation, when the secretions were poured out faster than they could be absorbed, a considerable accumulation took place, and the patient suffered great pain in and about the upper jaw, not only from the inflammatory process, but also from the column of fluid contained in the cavity and superimposed upon the dental nerve. The teeth might become carious, owing to impaired nutrition therefrom. In many cases it became necessary to perforate the antrum, in order to procure a discharge of the contents and allow of topical applications. A mode of procedure readily employed was to extract the second upper molar tooth on the affected side, and then perforate the alveolus, so that direct communication between the cavity and the external air might be established. It had also been suggested to perforate from within the nasal cavity.

#### DISCUSSION.

Dr. KNAPP remarked that there were two conditions of the frontal sinuses in which headache might be a prominent symptom,—namely, acute catarrhal affections and chronic affections. In illustration of the first, we all knew that in employing the posterior nares syringe, if the patient bent the head forward and the liquid ran into the frontal sinuses, intense headache for a few hours or days was the consequence. Of the other condition he remembered one case, which was very striking. It was that of a lady who had suffered for years from intense headache, and there was no particular cause to attribute it to. After a time he was called upon to open an abscess which had formed at the outer part of the roof of the orbit. He thought it was nothing but a periosteal abscess, and

opened it, and for about a week the patient felt relief. She then exposed herself, and afterwards had very severe cerebral symptoms; and Dr. Seguin, who saw the patient later, diagnosed abscess in the frontal lobes of the brain. She died two or three days afterwards, and it was found that there was pus in the frontal sinuses, and in the superior plate of the bone there was a small perforation, and the abscess which had formed had evidently been there for years without producing any other symptoms. He had seen the frontal sinuses full of sero-purulent liquids, of polyps, and of sarcomatous growths for years.

After the election of three members to fill vacancies to the State Medical Society, the following resolutions with regard to the death of George M. Beard, M.D., were offered by Dr. Rockwell and adopted by the Society:

*"Resolved,* That in the death of Dr. George M. Beard this Society and the profession at large have lost one of their most brilliant, active, and earnest members. As an investigator, he was original and conscientious. As a friend, he was generous and steadfast. Exposed by his restless activity to many and peculiar attacks, he ever manifested the utmost charity and good humor. Of his worst enemies he seldom spoke a harsh, and never a vindictive, word.

*"Resolved,* That to his child, orphaned in one short week by the added affliction of a mother's death, to his mother, brothers, and sister, we tender our heartfelt sympathy.

*"Resolved,* That these resolutions be published in the medical journals of this city."

Dr. ROCKWELL.—In presenting these resolutions, Mr. President, I would simply add that, having been associated for many years with Dr. Beard in a peculiarly close intimacy, it was my fortune to know him perhaps better than most others. His self-poise was remarkable. As a foil, so to speak, to the many attacks that followed his original investigations and his positive and independent methods of expression, he seemed almost to live and move and have his being in humor.

His powers were of the most versatile character. His readiness and originality as a scientific writer are well known; but it is not so well understood that he had a genius for an entirely different sort of literary work. While a very young man, serving during the late war in the Gulf Squadron, and merely to give vent to his ever-restless mind, he penned a work of fiction, which gave evidence of no mean talent in that direction; and since his death an autobiographical sketch has come to light, which, for its quaint humor, its keen estimate of character, and its philosophic insight, is unsurpassed.

I could say much in regard to this individuality, through which ran so rich a vein, and which in many respects was as unique and remarkable as any I have ever known or read of; but I forbear, and content myself with the

brief but just tribute embodied in the resolutions.

Dr. ROOSA.—Mr. President, before these resolutions are put, I would like to say a few words in memory of my departed friend. It was my privilege to know Dr. Beard at the time when he and I entered the profession, and it continued to be my privilege to know him up to his death. I think all of us must have been during the last winter particularly admonished of the frailty of the existence of even the strongest of us. When we think over the names of Draper, and White, and De Luna, and Beard,—all men in the prime of life who have passed away, I think we must say that the battle is not to the strongest, nor is the victory to the swiftest. Dr. Beard possessed qualities which a physical infirmity did not allow of complete illustration. That physical infirmity in one instance, at least, had an untoward effect in prejudicing a large number of our transatlantic brethren against him. In an announcement that he made a certain experiment and laid his paper before the New York Academy of Medicine,—a claim which he never made,—he was unable, in consequence of that physical infirmity, deafness, to appreciate the statement, and therefore did not have the opportunity to show that he had no intention of claiming any such thing. That statement was made one of the groundworks of a charge against him, and those of us who knew him best, whatever we may have thought of his scientific opinions, know that it was utterly mistaken. So in many other instances Dr. Beard was unable to enter fully into debates which his views originated, and therefore he was very much impaired by this defect. I simply allude to it that, in doing justice to his noble character, we all know that in no instance did he ever depart from that which he believed to be entirely and completely true. He was a man, as has been said by the gentleman with whom he was so intimately associated for years, extremely tolerant of the opinions of others. He was a man who never retaliated upon those who seemed to make personal matters that he regarded as merely differences of opinion on scientific or other subjects. He was a man far ahead of his age in many respects; and I believe that future generations will do more justice to some of Dr. Beard's statements than has been done to them at the present time. I have more charity, perhaps, than some with reference to his views regarding the mental condition of the man who assassinated the President. I believe that his views regarding the mental power of man after the age of forty years will be more and more accepted, and also his views with regard to responsibility at certain periods in life will be more and more respected. I think that his view, that the golden period in man's life, however much we may smile upon him now, is the middle period of life, will finally be accepted in all quarters of the world. I had the pleasure of

being associated with him in making experiments with regard to the lesions which give rise to deaf-mutism. This was early in his career, and these observations, and other of his observations, I believe, have taken a place in the literature of a certain department of medicine.

Dr. Roosa then spoke of his great work on electricity, written in association with Dr. Rockwell, a recognized standard text-book upon that subject in all countries in the world. He also referred to the remarkable fact that at one time Dr. Beard wished to read Tobold's writings in the original, and to accomplish this he began the study of German, and so perfected his acquaintance with the language that in six weeks he was not only able to read the book, but to present an acceptable translation to the medical profession.

Dr. W. M. CARPENTER.—Mr. President, it was about the year 1873 that I made Dr. Beard's acquaintance, and that acquaintance, as it gradually increased, matured and ripened into a friendship which was both true and faithful. I had not heard of his sickness, and when the startling announcement of his death fell upon my ears I felt that I had lost a brother, and it is to the memory of that departed brother that I wish this evening to pay my humble respects. It has justly been said, Mr. President, that Dr. Beard possessed an active mind. Indeed, it may have been said of him that he was enthusiastic, if in the interpretation of that word we mean devoted to the study of whatever subject he had under consideration. But I believe that his work meant more than this. I think I can see, as I trace his work from year to year, how he gradually stepped out of routine course, how he finally was seen engaging with those problems which gather along the border between the unseen and the seen, between the knowable and the unknowable. It was in that field that his spirit found the greatest freedom. But in whatever department he worked, he, I believe, wrought well; for he made for himself a worthy fame, carved an enduring name, and has won a niche in the scientific temple of the last half of the nineteenth century. He indeed was enthusiastic, but he was not precipitate. He was bold in the expression of his opinions, but he was not bigoted. It has been said that he was erratic and visionary. The same, however, was said of men who lived before our generation, and who to-day are accredited with having belonged to the brightest intellects of their times. In this great human caravan which keeps pace to the march of time, as I conceive, there are three classes of workers: first, and by far the largest number, those who merely float, and follow in routine courses or walk in circles; second, those who desire and strive to make this routine course and these circles a little more easy and a little straighter by chipping off a little here and filling a little there, lessen-

ing the grade at this point and increasing momentum at that point; and, third, representing and embracing only a small fraction of this great multitude, those who are the advance workers, those who do what we sometimes call original work; and I believe it was in this field that Dr. Beard was laboring when the summons came. Therefore it was that any man who came in contact with him and had the pleasure of his conversation could always carry away something that would furnish food for thought. He worked because he loved to work, not as a slave, but as a child filled with filial devotion; and I can readily see the point and the aim of the mental organization when in the very hour of his dissolution he expressed the hope that some one would take up his work at the point he left it, and carry it forward, and he breathed the hope that he might be permitted, as a contribution to his work, to record the thoughts of a dying man.

But his labor has ceased. In the prime of his life, in the midst of greatest activity, in the mid-day of his gathering usefulness, his sun went down. But may we not see on the blue arch a golden radiance which marks the place where it sank beneath the horizon?

### GLEANINGS FROM EXCHANGES.

THE TREATMENT OF EPILEPSY.—The *Practitioner* for February, 1883, contains three articles upon the therapeutics of epilepsy that embody much that is valuable and suggestive. Dr. James Russell considers the remedies used in the treatment of this disease before the introduction of the bromides; but the results reported are far from satisfactory,—whether from iron, zinc, arsenic, strychnia, opium, cannabis Indica, belladonna, spinal ice-bag, blisters, seton, or static electricity, the verdict was almost the same, sometimes temporary improvement, usually ultimate failure.

Dr. Radcliffe continues his medical annotations concerning epilepsy, and discusses especially its treatment. Potassium bromide was introduced by Sir Charles Locock for cases of epilepsy in young women in which erotic excitability seemed to be the prominent element in the etiology. Dr. Radford subsequently extended the use of the remedy to all cases of epilepsy. Of the alkaline bromides, sodium, potassium, and ammonium, he most frequently gives the last named, as being less likely to cause eruptions upon the skin, or to stulify the patient. It also contains a larger proportion of bromine than the others. He usually gives from forty-five to sixty grains in the course of the day. His experience shows that the remedy may be continued in these doses for a long time without injuriously affecting the mind or bodily functions. With

regard to large doses, he says that he has not found it necessary to go beyond one drachm a day; and with reference to the selection of appropriate cases, he remarks, "What I have always found is, that the bromide does not act kindly in cases where the memory is bad and the mental power generally enfeebled,—the mischief done, as a rule, showing itself chiefly in stultification and in disfigurement of the skin by rashes of various sorts, without any very certain change for the better on the attacks. I have indeed found that the attacks were less likely to be kept in check if the bromide was pushed to the extent of causing any stultification or much cutaneous disfigurement, and that it was never advisable to go so far as to produce 'bromidism,' which, to my mind, is an evil which is scarcely less ghastly than epilepsy itself. I am quite satisfied that harm rather than good is done by giving large doses of bromide of potassium or bromide of ammonium in ordinary cases of epilepsy where the memory is bad and the mental power generally enfeebled, and that forty-five grains in the course of the day is too large a dose; rather give too small a dose for an adult in such a case. In a word, the conclusion at which I have arrived is that in any case the bromide has been pushed too far if it gives rise to any marked symptoms of 'bromidism,' that in cases of *le haut mal* with much mental enfeeblement this medicine is very likely to be hurtful even when only given in moderate doses, and that in the majority of cases of *le petit mal* the good to be done by it is barely appreciable."

He found great advantage in combining with the bromine salt iodide of potassium, bicarbonate of potassium, and especially chloride of ammonium. Iron is pronounced to be absolutely injurious to epileptics; arsenic, however, is often serviceable. Hypophosphite of sodium he praises particularly for its influence upon nerve-structures, and states that he does "not hesitate to say that the bromide often seems to be almost doubled in remedial value when it is given along with the hypophosphite, or that thirty grains of the bromide, along with thirty grains of the hypophosphite, given in one or two doses in the course of the twenty-four hours, will go as far in controlling the attacks as forty-five grains of the bromide given by itself. And this is no small gain, for by diminishing the dose of the bromide the risk of stultifying and disfiguring the patient is to that degree diminished." He considers it a mistake to be too ready to associate tonics and restoratives with the bromides in the treatment of epilepsy. The restorative he prefers is a dessertspoonful of brandy, rum, or whiskey given in the dose of medicine, or else a capsule containing a drop of cœnanthic ether after it.

Dr. Radcliffe further insists upon the necessity of proper hygienic treatment, the reduc-

tion in nitrogenized food, such as meat and milk, and recommends a greater proportion of fatty or oily matter. Buttermilk or sour milk may be drunk freely, but not fresh milk. As regards sleep, the epileptic should not be allowed too much sleep, as it increases the tendency to convulsions. The mind should not lie idle, and systematic education of both mental and physical powers is absolutely of paramount importance.

Dr. Saundby, in a short article on the "Treatment of Epilepsy," read before the Midland Medical Society, claims that success in the treatment of this affection depends, first of all, upon accuracy in diagnosis; and he draws the distinction very clearly between symptomatic and true epilepsy.

The most powerful and efficient remedies are the bromide salts; he prefers the potassium bromide, ten grains three times a day, which in many cases he has found sufficient. He invariably adds tincture of digitalis (Mx) to counteract any depressing effect. Attention to the diet, the use of occasional laxatives, and, as a rule, abstinence from alcohol are enjoined. If the remedy should fail to control the convulsions, the dose is to be increased, first by ten grains more of potassium bromide, then by ten of sodium bromide, and finally by ten of ammonium bromide. Oxide of zinc (gr. iij-v), with extract of cannabis Indica (gr.  $\frac{1}{4}$ ), is also added to each dose of the mixture when the bromides seem to be failing. The use of iron, especially its routine administration, is pronounced very undesirable, and he states that he has seen cases made worse by iron. Cases that are rebellious to the above treatment are sometimes greatly benefited by borax, as recommended by Dr. Gowers, either combined with arsenic or with oxide of zinc.

The attacks of *petit mal* and epileptic vertigo, according to Dr. Saundby, are greatly relieved by the use of caffeine and theine. It is in such cases that the bromides are useless. Nitro-glycerine was also used in two cases, with complete success in stopping the giddiness. Dr. Radcliffe also speaks favorably of coffee and chocolate in the dietary of epileptics, but does not approve of tea.

**NEPHROTOMY FOR HYDRONEPHROSIS, WITH RECOVERY.**—For the relief of large renal cysts three methods of treatment have been advocated,—aspiration, nephrectomy, and antiseptic incision and drainage or nephrotomy. Dr. A. T. Cabot reported a case of a boy ten years of age, who, having sustained a fall three months before, was brought to the Children's Hospital, Boston, evidently suffering with renal cyst. The right side of the abdomen to the median line was prominent, fluctuating, and dull on percussion, the dullness being continuous with that of the liver and kidney and reaching downward to within an inch of the anterior superior spine of the ilium. By aspiration a

fluid was obtained in quantity amounting to forty-four ounces, which contained albumen and blood-cells; a second aspiration, nine days later, obtained a much smaller quantity, which was found to contain urea in small amount. Ten days later, Dr. Cabot made an incision vertically upwards from the crest of the ilium along the outer edge of the quadratus lumborum. A cyst was discovered, which was incised and stitched to the skin, between two and three pints of amber-colored fluid escaping, which was found to contain urea, uric acid, indican, chlorine, and albumen, specific gravity 1008, reaction slightly acid. A double drainage-tube was introduced and a Lister dressing applied. Five and a half weeks after operation the tube was withdrawn, and the wound quickly closed. He completely recovered. In the course of the treatment there were evidences of carbolic acid absorption; the urine became smoky, and at the same time the discharge from the wound was of the same color, showing that the kidney still retained secreting structure; and the subsequent closure of the wound indicated that the ureter had again become pervious.

In commenting upon this case, the reporter states that the fact of a hydronephrosis having had a traumatic origin should encourage the hope that by simply emptying the cyst a cure may be accomplished; and he recommends aspirations, repeated until they are followed by fever, or the cyst rapidly refills, or the patient is seen to be losing ground; in these circumstances antiseptic incision is called for. The objection to nephrotomy is that it may remove a kidney containing structure which may be restored to usefulness, as in the case reported.—*Boston Med. and Surg. Journal.*

**THE TUBERCLE BACILLUS IN THE URINE.**—The first recorded observation of the tubercle bacillus in the urine of a living man has just been announced by Professor Rosenstein, of Leyden, in the *Centralblatt* for February 3. The bacillus had indeed already been discovered in the products of the pelvis of the kidney, but the observation was made post mortem, and was therefore of comparatively less value than the detection of the organism in urine freshly passed. The case in point was that of a man aged 37 years, with scrofulous disease of both testes, and abundant albuminuria, the urine being muddy and presenting a few flocculi, as large as the head of a pin, floating through it. On standing, it deposited a considerable sediment, which consisted chiefly of pus with a few red corpuscles. For the purpose of careful examination, the urine was passed into a solution of thymol and allowed to stand for twenty-four hours. The fluid portion was then removed, and a drop of the sediment was treated like sputum which is being examined for bacilli according to Ehrlich's method. With a high power of the microscope it was

discovered that abundant masses of the tubercle bacillus were present in the flocculi just described. Professor Rosenstein recommends the use of methyl blue in the process of preparation, to prevent confusion of the tubercle bacillus with other organisms present even in fresh urine.—*Med. Times and Gazette*.

**DIGITAL EXPLORATION OF THE BLADDER—REMOVAL OF VESICAL GROWTHS.**—A remarkable communication by Sir Henry Thompson appears in the *Lancet* (February 10), in which the distinguished surgeon reports fourteen cases of digital exploration of the bladder for obscure vesical symptoms, out of which the large number of six occurred, in which vesical tumor was detected and successfully removed, with striking relief to the symptoms. Thirteen of these cases were male, the other being one of a vesical growth in which dilatation of the urethra was practised and the tumor removed, this being added as being analogous to the proceeding adopted in the male. The method pursued in the latter was by a limited incision of the perineum carried to the membranous urethra only; the index-finger then being introduced into the bladder, and with the aid of supra-pubic pressure with the other hand, the entire mucous surface of the viscus can be explored. Although this incision has been frequently practised for stricture, retention, etc., this application of it for diagnostic purposes is new. Many of the cases in which polypoid excrescences were found had been previously treated for stone in the bladder by lithotripsy. In other cases, when no stone, encysted or diffuse, in the form of a calcareous deposit upon the bladder-wall, can be found, the performance of external urethrotomy and the retention of the tube for a few days greatly relieve the symptoms, and the improvement is sometimes permanent.

**ACUTE MANIA TREATED BY HYOSCYAMINE.**—Thomas Browne, M.D., of the Royal Naval Hospital at Great Yarmouth, reports (*British Medical Journal*, November 25) that in Merck's crystalline hyoscyamine we have an agent often capable of controlling the violence of a furious maniac and soothing him to sleep. It is also of great service in noisy and destructive general paralytics. It is best given in solution (hyoscyamine, gr. iv; glycerin, distilled water, of each ʒss; carbolic acid, ℥ij; dissolve without heat). Dose, from four to eight minims given hypodermically. No curative action is claimed for the drug.

**A CASE OF SUPPOSED PHTHISICAL INFECTION.**—Dr. Quinlan reports a case of phthisis in the *British Medical Journal* (February 10), in which apparently the only source to which the disease could be traced was association with a consumptive husband. The patient was 37 years of age; she had been married since 1878, previous health had been good, and with an excellent family history. The

patient's husband, after long-continued ill health, presented symptoms of rapid consumption in the latter part of 1880, and died in April, 1881. Two months before his death, his wife, who lived with him in one room, commenced to cough and began to emaciate and have night-sweats. On coming under observation, a short time since, she was found to be suffering with consolidation of the left apex, with moist crepitus both on inspiration and on expiration. The sputum contained bacilli. The breath will shortly be examined by the method mentioned in the last issue of this journal. Two children had been born during the husband's lifetime: one died of water on the brain, the other of convulsions.

**EQUITATION AS PREVENTIVE AND CURE OF HEMORRHOIDS.**—In the *New York Medical Record*, Dr. William Bodenhamer writes favorably of horseback exercise as a potent preventive and treatment for hemorrhoids, especially internal. He also refers to a gymnastic exercise practised in Bethune Hospital with success in this affection. "It consists simply in trying to touch the toes with the fingers without bending the knees. This movement, though difficult at first, soon becomes easy: it not only strengthens and develops the muscles of the abdomen, but also those of the legs and thighs."

**PLANTAIN AS A STYPTIC.**—An old styptic, mentioned by Shakspeare and recommended by various writers, from Pliny to Culpepper, plantain, has been almost entirely overlooked by modern writers upon therapeutics. Prof. Quinlan, of Dublin, found it in use as a popular remedy in a remote district in Ireland, and has tried it extensively with the best results in cases of external hemorrhage suited to the use of styptics. In cases of internal bleeding from the lungs, the kidneys, the bowels, and in menorrhagia, he has got fair results from large and repeated doses of the juice, either fresh or fortified with alcohol or glycerin.—*Lancet*, No. xxi.

**HUMAN BLOOD-PRESSURE CURVES.**—At the meeting of the Berlin Royal Society of Physicians on February 16, Professor Albert demonstrated some blood-pressure curves obtained from men. They had been obtained from individuals about to undergo amputation of the leg. Previous to the commencement of the operation, the tibialis anticus was laid bare, and the canula inserted for about a minute. It was shown that the blood-pressure immediately rose on raising up the individual (previously anaesthetized),—a contrary result to that obtained in Marey's experiments on animals.

**PICRIC ACID IN ERYSIPELAS.**—Dr. Flaminio Tassi, of Siena, has used a saturated solution of picric acid in the treatment of four cases of erysipelas. It was painted on with a brush

over the inflamed part. It appears to have a beneficial action, but the number of cases is too small to enable any definite opinion as to its therapeutical value to be formed as yet. (*L'acido picrico nella cura dell' erisipela* (pamphlet), Torino, 1881.)—*Practitioner*.

### MISCELLANY.

THE PHILADELPHIA POLYCLINIC is now opened, with a full attendance of patients. The lectures will commence, for the spring session, on April 16, 1883. The fee for each course of instruction upon one subject is twenty dollars for six weeks. The teaching staff is as follows:

Richard J. Levis, M.D., *Operative and Clinical Surgery*; Thomas G. Morton, M.D., *General and Orthopædic Surgery*; J. Solis-Cohen, M.D., *Diseases of the Throat and Nose*; James C. Wilson, M.D., *Diseases of the Chest*; John B. Roberts, M.D., *Applied Anatomy and Practical Surgery*; Charles H. Burnett, M.D., *Diseases of the Ear*; Charles K. Mills, M.D., *Diseases of the Mind and Nervous System*; Henry Leffmann, M.D., *Clinical Chemistry and Hygiene*; Arthur Van Harlingen, M.D., *Diseases of the Skin*; Edward L. Duer, M.D., *Diseases Peculiar to Women and Children*; George C. Harlan, M.D., *Diseases of the Eye*; J. Henry C. Simes, M.D., *Genito-Urinary and Venereal Diseases*; Frederick P. Henry, M.D., *Pathology and Microscopy*.

THE Board of Trustees of the Jefferson Medical College, at the meeting March 31, elected Dr. J. M. Barton Attending Surgeon, and Drs. Jos. Neff and J. T. Eskridge Attending Physicians to the Hospital.

THE JEFFERSON COLLEGE COMMENCEMENT was held April 2, at which 227 students were graduated. Prof. Da Costa delivered the valedictory address. A marble bust of the late Prof. Joseph Pancoast was presented to the Board of Trustees by the Alumni Association, this valuable gift having been made by Prof. William H. Pancoast to the Association.

### OFFICIAL LIST

#### OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY FROM MARCH 17 TO MARCH 31, 1883.

MURRAY, ROBERT, COLONEL AND ASSISTANT SURGEON-GENERAL.—Detailed as member of Army Retiring Board, to convene at the call of the President thereof at Governor's Island, New York Harbor, for the examination of such officers as may be ordered before it. Paragraph 2, S. O. 62, A. G. O., March 16, 1883.

SUMMERS, JOHN E., LIEUTENANT-COLONEL AND SURGEON.—Detailed as member of Army Retiring Board, to convene at the call of the President thereof at Omaha, Nebraska, for the examination of such officers as may be ordered before it. Paragraph 9, S. O. 62, A. G. O., March 16, 1883.

BILL, JOSEPH H., MAJOR AND SURGEON.—Detailed as member of Army Retiring Board, to convene at the call of the President thereof at Omaha, Nebraska, for the examination of such officers as may be ordered before it. Paragraph 9, S. O. 62, A. G. O., March 16, 1883.

IRWIN, B. J. D., MAJOR AND SURGEON.—Detailed as member of General Court-Martial, to meet at Whipple Barracks, Prescott, Arizona Territory, April 23, 1883, for trial of Captain J. P. Walker, Third Cavalry. Paragraph 1, S. O. 62, A. G. O., March 6, 1883.

JANEWAY, JOHN H., MAJOR AND SURGEON.—Detailed as member of Army Retiring Board, to convene at Governor's Island, New York Harbor, at the call of the President thereof, for the examination of such officers as may be ordered before it. Paragraph 2, S. O. 62, A. G. O., March 16, 1883.

BARNETT, RICHARDS, CAPTAIN AND ASSISTANT-SURGEON.—To proceed to Fort Adams, Rhode Island, and report to the commanding officer for duty at that post. Paragraph 1, S. O. 51, Department of the East, March 28, 1883.

CRONKHITE, HENRY M., CAPTAIN AND ASSISTANT-SURGEON.—Relieved from duty at Fort McKinney, Wyoming Territory, and assigned to duty as post-surgeon at Fort Fred. Steele, Wyoming Territory. S. O. 31, Department of the Platte, March 22, 1883.

BURTON, HENRY G., CAPTAIN AND ASSISTANT-SURGEON.—To be relieved from duty in the Department of the East, and will report in person to the commanding general, Department of Dakota, for assignment to duty. Paragraph 1, S. O. 67, A. G. O., March 22, 1883.

DE LOFFER, AUGUSTUS A., CAPTAIN AND ASSISTANT-SURGEON.—Granted leave of absence for three months. Paragraph 3, S. O. 71, A. G. O., March 27, 1883.

GIRARD, JOSEPH B., CAPTAIN AND ASSISTANT-SURGEON.—Detailed as member of General Court-Martial, to meet at Whipple Barracks, Prescott, Arizona Territory, April 23, 1883, for trial of Captain J. P. Walker, Third Cavalry. Paragraph 1, S. O. 62, A. G. O., March 16, 1883.

LORING, L. Y., CAPTAIN AND ASSISTANT-SURGEON.—To proceed without delay to Fort Schuyler, New York Harbor, and report to the commanding officer for duty as post-surgeon. Paragraph 2, S. O. 51, Department of the East, March 28, 1883.

MOSELEY, EDWARD B., CAPTAIN AND ASSISTANT-SURGEON.—To report in person to the President of the Army Medical Examining Board in New York City, for examination for promotion, and upon completion to return to proper station. Paragraph 3, S. O. 70, A. G. O., March 26, 1883.

PAULDING, H. O., CAPTAIN AND ASSISTANT-SURGEON.—Relieved from duty at Fort Laramie, Wyoming Territory, and assigned to duty at Fort Sidney, Nebraska. S. O. 31, Department of the Platte, March 22, 1883.

PORTER, JOSEPH Y., CAPTAIN AND ASSISTANT-SURGEON.—To be relieved from duty in the Department of the South, and will report in person to the commanding general, Department of Texas, for assignment to duty. Paragraph 1, S. O. 67, A. G. O., March 22, 1883.

SKINNER, JOHN O., CAPTAIN AND ASSISTANT-SURGEON.—To report in person to the President of the Army Medical Examining Board in New York City, for examination for promotion, and upon completion to return to proper station. Paragraph 3, S. O. 70, A. G. O., March 26, 1883.

TAYLOR, MARCUS E., CAPTAIN AND ASSISTANT-SURGEON.—To report in person to the President of the Army Medical Examining Board in New York City, for examination for promotion, and upon completion to return to proper station. Paragraph 3, S. O. 70, A. G. O., March 26, 1883.

TURRILL, HENRY S., CAPTAIN AND ASSISTANT-SURGEON.—Relieved from duty at Fort Fred. Steele, Wyoming Territory, and assigned to duty as post-surgeon at Fort McKinney, Wyoming Territory. S. O. 31, Department of the Platte, March 22, 1883.

WINNE, CHARLES K., CAPTAIN AND ASSISTANT-SURGEON.—Granted leave of absence for three months from March 31, 1883, and will be relieved from duty in the Department of the East, and upon the expiration of his leave of absence will report in person to the commanding general, Department of California, for assignment to duty. S. O. 61, A. G. O., March 15, 1883.